V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13149)
1. PLACE OF DEATH C	(/31)
County Pr. Jan	Registration Dist. No. 240
Village or City Paclace	NoSt. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
11610-120	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. POLE NAME JAV MAJAMO	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3/ 193 >
5a. If married, widowed, or divorced	(Month) (Dey) (Vear)
HUSBAND of Cor) WIFE of Maller In Pulces	22. HEREBY CERTIFY, That I attended deceased from Mula 29, 1937, to Luck 31-1937
6. DATE OF BIRTH (month, day, and year)	I last saw h regalive on Wills 30 , 1932; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.10 A.m.
70 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Chronel Justifle Esal
SAWYER, BOOKKEEPER, etc.	suplineles efficietés
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Wellyood (State or country)	Other Cautributory Causes of Importance:
The state of the s	
14. BIRTHPLACE (city or town) Weshwood lud	
4. BIRTHPLACE (city or town) Washwood Wash	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E Chiquet of The	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or tolen) [Washington (State or country)]	Accident, suicide, or homicide?
17. INFORMANT Efficiently Paden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Addis bud Date 4/107 2 , 19 37	Nature of injury
19. UNDERTAKER Pushing Pras (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Man. 31. 1967 Mus. J. N. Smith. Registra.	(Signed) Almas Co Well M. D.
3.700	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: R 6 1937 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis, 1124 Att V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

TE PLAKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infornshould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAis very important. See instructions on back of certificate.					
E PLAKLY, WITH UNFADING INK-THIS IS should be carefully supplied. AGE should be sta; OF DEATH in plain terms, so that it may be proservery important. See instructions on back of cert	A PERMANENT RECORD. Every item of infor-	ted EXACTLY. PHYSICIANS should state	perly classified. Exact statement of OCCUPA-	ificate.	
E PLAKALY, WITH UNFADING INK—THIS should be carefully supplied. AGE should be OF DEATH in plain terms, so that it may be s very important. See instructions on back of	SIS	sta	pro	cer	
F-7 (0)	PLAMLY, WITH UNFADING INK-THIS I	should be carefully supplied. AGE should be s	OF DEATH in plain terms, so that it may be p	very important. See instructions on back of co	

STATE OF MARYLAND—CERTIFICATE OF DEATH 0.3 1. PLACE OF DEATH Prince Georges County Registration Dist. No. 1 Village or City Columbia Park Md. No. St., St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred $_{-}26\,$ mos. ____ds. How long in U.S. If of foreign birth? _____yrs. ____mos. ____ds 2. FULL NAME John Thomas Bailey If U. S. Veteran, specify WAR Columbia Park Md. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male white (Day) (Yeer) 5a. If merried, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from Sarah Ann Bailey (or) WIFE of May 2. 1882 6. DATE OF BIRTH (month, day, end year) to heve occurred on the date stated above, et 5.05 A. m 7. AGE If LESS then Devs 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and raletad causes of importance or min. Onte of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceasad last worked at 11. Total time (years) spent in this 35 occupetion ___ 12. BIRTHPLACE (city or town)_____ (Stata or country) James Bailey FATHER 13. NAME 14. BIRTHPLACE (city or town)_____ (State or country) Barbara Wells MOTHER 15. MAIOEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in elso the following: Virginia Accidant, suicide, or homicide? Dete of Injury Dete of Injury 16. BIRTHPLACE (city or town) (State or country) Whara did Injury occur?___ (Specify city or town, county and State) Sarah Ann Bailev Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT. Columbia Park Md. (Addrass) 18. BURIAL, CREMATION. OR REMOVAL Neture of injury. 24. Wes diseasa or injury In any way ralated to occupation of decaased?... 19. UNDERTAKEB . If-so, specify (Signad) Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03151
1. PLACE OF DEATH	50
County Sunce Gearge	Registration Dist. No. 235
Village or City Forestville	No. St., Ward
1/1/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME annie Blakemore I	Scalf If U. S. Veteran, specify WAR
(a) Residence: No. Beaumas D.C. H.#	/ St., Ward.
(Ugal place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 10 (Month) (Oay) (Yeer)
Se. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet lattended deceased from Worling 36,19 to March 10 ,1937
6. DATE OF BIRTH (month, day, and year) Gue 9 / 8 8 8	1 last saw her alive on musch 9 , 1937; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3:20 A.m.
4 8 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Retired Clerk	Medaslale Carcouna
The second secon	of lungs following
work was done, as SILK MILL, U.S. Government	Breat Right 1938
year) Dac occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Forestrill (State or country)	
E	Name of operation Reverval of left breest. Dete of 1935
14. BIRTHPLACE (city or town)	Whet test confirmed diegnosis? 2 Received Character en autopsy? 20
15. MAIDEN NAME Munice & Duckett	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Munice & Duckett	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WIT Betall	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR/REMOVAL	Menner of injury
Place Nashing the of Date 3 - 10 ,1987	Nature of Injury
19. UNDERTAKER J. M. Chamber po	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) 0/7-// St	If so, specify (Signed) Saul & Van Vallo M. [
20. FILED 3 - 10 - , 193/ / Trot. D. Suffith Registrar.	(Address) Barning D.C. H. 4/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATES	MENTS BY PHYSICIAN
	15
	1937

1. PLACE OF DEATH	CERTIFICATE OF DEATH USING
County PRINCE GEORGE	Registration Dist. No. 2 42
Village or City CAPITAL HEIGHT'S	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME ESTELLE BEALL	If U. S. Veteran, specify WAR
(a) Residence: No. / 2.4-SHADYSIDE AYE Wavelplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) FEMALE WHITE WIDOWED	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of Len) WIFE of BASIL BEALL	22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to March 23, 1937
6. DATE OF BIRTH (month, day, end yeer) AUGUST 31, 1873	I last saw h. C. alive on Markh 23, 1987; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particuler kind of work done, es SPINNER, NONE, SAWYER, BOOKKEEPER, etc.	Cerebral Hemarrhage
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	Lateral Special Selevore walken
this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) SPRING FIELD (State or country)	Other Contributory Causes of importance: - General Williams lerons with
I 13. NAME WM T. BEALL	
13. NAME WAT. BEALL 14. BIRTHPLACE (city or town) NOT KNOWN (State or country) MD.	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AMANDA SHAW 16. BIRTHPLACE (city or town). NO.T. KNOW. N (State or country) 17. INFORMANT Walener B. Beall (Address), 2 V. 21. Land Selection Control of the Control o	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Place GLENN DALE, MD. Date Mar. 2 G., 1937.	Menner of Injury
19. UNDERTAKER AM, J. Hally D. C. Address 5 2 2 - 8 15 34 8 6 . DC.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 24, 1936 Grace blow Registrar.	(Signed) Faul Q Van Hallo M. D. (Address) Beauty D.C. P. # 1

If more blanks are norded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	5-1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car Puly 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF BEATH	946
County Truce Teorge Co:	Registration Dist. No. 245
Village or City / Breutling ml ml	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
6 2 20	
(a) Residence: No. 3529-Www. (Usual place of abode)	St., Ward. If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. WIDOWED, OR DIVORCED (write theyword)	21. DATE OF DEATH (Month) (Oay) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed faces
found the passed	1 last saw h An ative on down Con 3/15, 19 3 7; death is sai
DATE OF BIRTH (month, day, and year) AGE Years Months Deys If LESS than	to have occurred on the date steted ebove, at 6.1450m.
3-9- 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cownard Thumbara 3/15
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceased last worked at his coveration (month and	3 72
10. Oate daceased last worked at this occupation (month and spent In this occupation cocupation coc	
_	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	
13. NAME Glas R. Afletcher	
13. NAME CISTAN P. Affection 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Furr	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Elevaluation of times 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(Stete or country)	Where did Injury occur?
17. INFORMANT TRANK: Bell Son	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place The medic trace might 18/1937	Manner of Injury
19. UNDERTAKER Of Sascles Jours	Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Stantsville MI	If so, specify Occar area M.
20. FILED ICA 19. 19.2 1100 Tas Soletano	(Address) At Ramen Ind.

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Example I	1	Example II	
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Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINDERD V. B	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND	CERTIFICATE OF DEATH 03154
1. PLACE OF DEATH	<u> </u>
County Jr. Ten Co	Registration Dist. No.
Village or City Mellinood.	No. St., Ward
Length of rasidance In city or town where death occurred 60 yrs. mos	f death occurred in a hospitalor institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosde
2. FULL NAME Frederich Bin a	
(a) Residence: No. Whether Marlhoro Ma	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH arch 18 , 193 7
5a. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
(OT) WIFE OF Mrs Crosa Lee Binger	22. HEREBY CERTIFY, That I attended dacasas from
DATE OF DIDTH ()	1 last dw h 29 , 193 1, to march 18, 193 1 last dw h 2 am aliva on march 17, 1937; death is sai
5. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:00 Am.
85 8 12 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	arterio o chlerotio Date of onse
8. Trade, profassion, or particular kind of work done, as SPINNER, Retried Farmer SAWYER, BOOKKEEPER, etc.	Cardio vascular renal ago
9. Industry or business in which work was dona, as SILK MILL, Johac Co Jasm. SAW MILL, BANK, etc.	Syndrome
10. Data deceased last worked at this occupation (month and 1930 spant in this year)	,
12. BIRTHPLACE (city or town)	Othar Coutributory Causes of importance:
(Stata or country)	Cardia al compensation mad
13. NAME John USmaer	11 193
13. NAME July (Strate) 14. BIRTHPLACE (city of town)	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Upger Mallow ma QJO	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR HEMOVAL	Manner of injury
Place Provide VIII Date 1 20 ,190/	Nature of injury
9. UNDERTAKED Takehel Bros	24. Was disease or injury in any way related to occupation of daceased?
(Addrass) Typer mattroo, Mid.,	If so, spacify
20. FILEBUOUR 19, 192) A Court Tours	(Signed) (Address) Ple 1 Berning Str. DS
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago.
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
WWENT.	,2		
Other contributory causes of importance:		Other contributory causes of importance:	1971
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

43	61	- 0	Do	-	
317	- 4	- 1	5	- 1	
3.7	0.1	- 1	4.7	9.7	
-		-			

1. PLACE OF DEATH	124.2
County France Goorge	Registration Dist. No. 233
- 10:00 d	
Village or City tarestorice	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance In city or town where death occurred	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William, E.	Bank & If II & Wateren enceity WAP
O O O O O	If U. S. Veteran, specify WAR
(a) Residence: No. Farework (Market 1997)	M. St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	
· he W Single	(Month) (Vay) (Year)
5a. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
11. 16 1911	7 1 lest sew h Lun eliva on 200 arch 9 , 1987; death is said
6. DATE OF BIRTH (month, day, end yeer)	- Probat
7. AGE Years Months Days If LESS th	
36 ormin	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Hypertrofshie or
SAWYER, BOOKKEEPER, etc.	Il Portal Curhaus
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and this occupation month and spent in this company.	of liver Teb 1937
SAW MILL, BANK, etc.	Wild acute neplester
	(Paseudlymatery) Feb 193;
yeer)	Other Contributory Causes of Importence:
12, BIRTHPLACE (city or town) Farestville	A Phronic alcoholesm unkner
(State or country) Prince Stenge Co. H	a
13. NAME WIM C. Books	
13. NAME 10 11 13. NAME 10 11 13. NAME 10 11 13. NAME 10 11 14. BIRTHPLACE (city or town) 15 15 15 15 15 15 15 15 15 15 15 15 15	Name of operation.
(State or country)	What test confirmed diagnosis? Laboratory at Province have the Street of Pure
15. MAIDEN NAME Wastles - W. Radtle	23, If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Martha Marthus 16. BIRTHPLACE (city or town) (State or country)	
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marion books down	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Bernings DC. 4#1	
18. BURIAL, CREMATION, OR REMOVAL	37 Manner of Injury
Place Por Comments. Date 19.	Neture of Injury
19 UNDERTAKER Pelalie Bros.	24. Wes disease or Injury In eny way related to occupation of deceased?
(Address) John Traslovo Mi	
3/18 27 Than D Kell	((Signed) Fairl C Tan Vallo M. D.
20. FILED 19.3/ Prov. Registr.	
, Vegistre	HIS TO THE TOTAL OF THE PROPERTY OF THE PROPER

N. B.-WRITE

mation should be carefully supplied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		182	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHY	SICIAN
					1	A	"AP
					-		

CERTIFICATE 220	OF, DEATH CLASS NO.
DISTRICT &	COLUMBIA No. OF RECORD U3150
FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLA	ank and space for remarks may be found on the other side
1. PLACE OF DEATH: Hyatteville,	Und. Street, Section
Name of Hospital	Duration of residence therein
2 FULL NAME GEORGE Webste	ir Bowles
(a) Residence, No. Route / Hyatt (Usual place of abode) Length of residence in Route, 28 yrs. mos. ds. Ho	(If nonresident, give city or town and State) w long in U. S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX: 4. COLOR OR RACE: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sortia the word): Marries	16. DATE OF DEATH (month, day, and year) War 21, 1937
5A. If married, widowed, of pivorced, it is the HUSBAND of Maril Pawles (60) WIFE of 186	that I last saw h. M. allye on War 16 1937
6. DATE OF BIRTH (month, day, and year) April 0 - 43.7 7. AGE: Years Months Days it LESS than	and that death occurred, on the date stated above, at 10:45, m The CAUSE OF DEATH* was as follows:
8. OCCUPATION OF DECEASED:	I hay failure
(a) Trade, prefession, or particular kind of work	(duration) Slutages. most ds
ment in which employed (or employer) TAMMENT	CONTRIBUTORY (SECONDARY) (duration) yrs mos ds
9. BIRTHPLACE (city or town)	18. Where was disease contracted at home if not at place of death? Did an operation to Date of operation
(State or country) 10. NAME OF FATHER (in ful relaced Bacollos	Was there an autopsy?
11. BIRTHPLACE OF FATHER: City or town State or country	What Iaboratory test confirmed diagnosis? What Iaboratory test confirmed diagnosis? What Iaboratory test confirmed diagnosis?
12. MAIDEN NAME OF Cary Herbur	Jagaress, 116 Willow ary Takowa Park in

MARGIN RESERVED FOR BINDING

20. UNDERTAKE

Address

* State the Disease Causing Death, or in deaths from Violent Causes, state (i) Means and Nature of Injury, and (2) whether Accidental, Sukudal, or Homicedal. (See reverse side for additional space.)

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 9-1474

13. BIRTHPLACE OF MOTHER: City or town ... State or country 14. Above information furnished by

15. Relation of informant to decedent.....

INSTRUCTIONS RELATIVE TO THE ISSUANCE OF DEATH CERTIFICATES

1. Certificates should be filled out in ink, and should, as far as possible, contain all information called for.
2. Certificates which bear evidence of unauthorized alterations, or which are in any other manner materially defective, can not be admitted

1. Certificates which bear evidence of unauthorized alterations, or which are manner materially defective, can not be admitted to record.

3. When death has occurred without the attendance of a physician, or when it is believed or known to have been due to other than natural causes, or when either the cause of death or the identity of the deceased is unknown, the death certificate must be signed by the coroner before a burial permit can be issued.

4. When death has occurred from a communicable disease information should be furnished, if possible, relative to the place where such diseases was contracted, if it was contracted elsewhere than at the place of death.

5. Remarks, if any, may be written as a man abould be determined by the party responsible for them.

6. Remarks, if any, may be written as a man abould be death and signed by the party responsible for them.

7. Remarks, if any, may be written as a man abould be death and signed by the party responsible for them.

8. Remarks, if any, may be written as a man abould be death and signed by the party responsible for them.

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9. Remarks, if any, may be written as a man abould be death and signed by the party responsible for them.

10. Remarks, if any, may be written as a man abould be death and signed by the party responsible for them.

11. Remarks, if any, may be written as a man abould be furnished.

12. Remarks, if any, may be written as a man abould be furnished, if party from the man and abould be death and signed by the party responsible for them.

13. Remarks, if any, man and a man and abould be death and signed by the party responsible for them.

14. The man and a man and

REMARKS



Extracts from "The Code of Law for the District of Columbia, enacted March 3, 1901, amended by the Act approved June 30, 1902, relating to Cemeteries and the Disposal of Dead Bodies."

SEC. 675. That no dead body of any buman being, or any part of such body, shall in said District be removed from place to place, interred, disinterred, or in any manner disposed of without a permit for such removal, interment, or disposal granted by the health officer of said District, nor otherwise than in accordance with the terms of said permit; permits for the removal, interment, or disposal to be Issued upon the presentation of a proper death certificate signed by a physician registered at the health department of said District, who has attended the deceased during his or her last lilness, or by the coroner of said District or his deputy, or by the proper municipal, county, or State authorities at the place where the death occurred.

SEC. 677. That it shall be the duty of any person or persons baving custody or control of the dead body of any inuman being, or any part of such body, to report in writing, or cause to be reported in writing, to the health officer of said District within forty-eight hours after the death of the deceased, the name of said deceased and the location of the body or part thereof.

SEC. 683. That it shall be unlawful for any person or persons to cremate or otherwise destroy the dead body, or part of the dead body, of any human being in said District before the issue of the hurial permit by the health officer of said District, and then only when said permit is countersigned by the coroner of said District authorizing such cremation or destruction. It shail be unlawful for any person or persons to cremate or otherwise destroy the dead body, or part of the dead body of any human being in said District within four bours after death or before the issue of the death certificate; and in case the death is believed to be due to other than natural causes, or the cause thereof is unknown, such embalming, injecting or preserving shall at no time be done unless such death certificate has been signed or approved by the coroner of said District.

Office Hours.—The Health Department is open for the

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH USIDA	
1. PLACE OF DEATH	(110)	
County Surge George	Registration Dist, No.	
Village or City Daniel Meds.	No	Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurred yrs yrs mos	ds. How long in U.S. If of foreign birth?yrs,mos,	ds.
2. FULL NAME (Maella Sylvelle S)	euce	
(a) Residence: No. Atomask Co	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVERCED (prite the word)	LI. DATE OF BEATHMUSE. 24 103	7
50 Threised wildred or distance Shelloweek	(Month) (Day) Ye	ar)
5a. If rharried, widowed, or divorced HUSBAND of OOT WHITE OF	22 I HEREBY CERTIFY. That i attended deceased	d from
Mount of gelie Nilling		27
6. DATE OF BIRTH (month, day, and year) 4 18 19 1845	I last saw bern alive on march 24, 1927; death	is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 10,10A.m.	
9/ 3 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	
8. Trada, protession, or particular	Byoncho premonin 3/2	1 Conset
kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Olems 3/12	15%
9. Industry or business in which work was done, as SILK MILL, elebrum bloosee SAW MILL, BANK, etc	0	
10. Data deceased last worked at this occupation (month and 1936) spent in this year)		
Canall Court	Other Contributory Causes of importance:	-,-
12. BIRTHPLACE (city or town) Colores (State or country)	Hypertrofty of firsten	63
13. NAME HOSEO, BUSINO		
E Parall Co		
(State or country)	Name of operation Data ot	
15. MAIDEN NAME Revolute Muller	What test confirmed diagnosis?	
11/201	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
2 16. BIRTHPLACE (city or 66wn) SUMM	Accident, suicide, or homicida?	on 4th 4th (sa 4p)
1110 /3 /3 Biall	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT / U.V. / C. / C. / C. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, GRENATION, OR REMOVAL	Manner of injury	
Farmery County Sorage Date Mou 36, 193)	Nature of injury	
With medding		
19. UNDERTAKER (Address) Sausal Miles	24. Was disease or injury in any way related to occupation of decaased?	
man at an man of	(Signed) Out fut & on Comen	м р
20, FILED / 100 2 (, 192 / /) O MUNICIPAL Registrat.	(Address) Januar my	_ m. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. should state

of OCCUPA.

County RINCE SCORGES Wilage or City HATTS WILE M.D. No. Registration Dist. No. 2 H.S. Village or City HATTS WILE M.D. (If death occurred in a bospinal or institution, give in NAME, instead of street and number) (If death occurred in a bospinal or institution, give in NAME, instead of street and number) St. Ward. 2. FULL NAME RICHARD D. BURTHWICK (a) Residence: No. SARRED HENTH HAME (businessed No. SARRED SINGER, MARIEL, INDOVED) (Cloud place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGER, MARIEL, INDOVED) SR. If Interfied, widowed, or diverced wigosed of control of the control of	A PLANT OF THE OF MIXING	CERTIFICATE OF BEATTI
Village or City HAAT TS VILLE M. Ward Langth of residence in city or town where death occurred l. y.ys	1. PLACE OF DEATH	[3]
Langth of residence in city or town where death occurred	County PRINCE GEORGES	Registration Dist. No. 2 H.5
Langth of residence in city or town where death occurred 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Village or City HYATTSVILLE MD.	No. Jacket Search House St., Warre
2. FULL NAME RICHARD BURTHWICK (a) Residence: No. SPERED BURTHWICK (b) Residence: No. SPERED BURTHWICK PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED OR DIVORCED (currier the word) Sa. It merited, widowed, or divorced (corrier to word) Or Or Wife of (corrier to word) F. DATE OF BIRTH (month, day, and year) F. AGE Varis Months Days 11 LESS then 14 AGE Varis Months Days 11 LESS then 14 AGE No be occurred on the date steled above, al. D. m. The PRINCEPAL CAUSE OF DEATH end releted ceuses of importance were as follows: Were as follows: Date deceased lest worked at this coccupying of the coccupyin		f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. SHORED LEAST (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE NO BY ITE OR DIVORCED (write the word) 5. If married, widowed, or divorced (usual place) (or) WIFE of (usual place) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 17 LESS then 1 day,	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?dyrsmosds
Honereident give city or town and State	2. FULL NAME KICHARD P. BURTHWIC	2 K
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORED Cornic the word) 5. If married, widowed, or divorced (Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then 1 ddy,		St., Ward. Glenview Sllings
3. SEX		
Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO To Got Wield Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced HUSBADO TO GOT WIFE of Sa. If merried, widowed, or divorced the date steled above, at . 19. If her PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: It is saw hum. All we on the date steled above, at . 19. If her PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: It is principal to the date steled above, at . 19. If her PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: It is principal to the date steled above, at . 19. If her PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: It is principal to the date steled above, at . 19. If her principal to have our the date steled above, at .		
59. If merried, widowed, or divorced HUSBANO (or VIFE of Correct o	OR DtVORCED (write the word)	maren - 0 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months No 1 day. 1 flest saw NAM. Alive on None 1 day. The PRINCIPAL CAUSE OF DEATH end releted couses of importance were as follows: Pare of profession, or perticular with day, and work done, as SPINNER, SAWYER, BOOKKEPER, etc. S. Industry or business in which work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work wes done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work west done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the work west done, as SILK MILL, SAW MILL, BARK, etc. 1 Date decessed lest worked at the province of the province of the province of the date steted above, at 1. 9 Date of longer Where did injury occurred in Industry, in HONE, or In PUBLIC PLACE. Menner of injury Nature of injury Nature of injury in any wey related to occupation of deceased? 1 Sepecify whether injury in any wey related to occupation of deceased? 1 Separation of the public place.	Sa. If merried, widowed, or divorced	(1001)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then I day, hirs of min. 8. Trede, profession, or perticular kind of work done, e.s. SPINNER, SANYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 10. Date deceased jest worked at secepal primarity or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 12. BIRTHPLACE (city or town) (State or country) May 13. NAME FORGE BURTHWICK 14. BIRTHPLACE (city or town) (State or country) May 15. MAIDEN NAME MARGARET 17. INFORMANT ACRED HEARTH NAE RECORDS 18. BURIAL GREMATION, OR REMOVAL Place Place 19. May 19. Ma		N-V- 0 H
T. AGE Years Months Days If LESS then I day	May 25 10CA	· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
8. Trede, profession, or perticular kind of work done, as SPIRNER. 9. Industry or business in which work was done, as SPIRNER. 10. Date elonset were as follows: 11. Total time (years) spent in this scoupeling (month end g. 3.1 occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME GERGE BURTHWICK 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL (City or town) (Stete or country) 18. BURIAL (City or town) (Stete or country) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date of importance were as follows: Date of importance were as follows: Date of importance were as follows: Date of min. Date of importance were as follows: Date of min. What test confirmed diagnosis? Was there an eulopsy? Date of injury. Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Menner of injury. Nature of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? (Signed)	of Different Chromos, Coly, Child your,	
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(State or country) 13. NAME GEORGE BURTHWICK 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stee or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. MARCH BURTHWICK Neme of operetion Whet test confirmed diagnosis? Was there an eulopsy? Inc. Whet test confirmed diagnosis? Was there an eulopsy? Inc. Whet test confirmed diagnosis? Was there an eulopsy? Inc. Whet test confirmed diagnosis? Whet test confirmed diagnosis? Whet test confirmed diagnosis? Was there an eulopsy? Inc. Specify whether in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Menner of injury Nature of injury Nature of injury Nature of injury in any wey related to occupetion of deceased? (Signed) (Signed)	12 DIRTURI ACE (aits or town)	Other Contributory Causes of importance:
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18. BURIAL CREMATION, OR REMOVAL Place Was unrealized Determined 8, 1931 Nature of injury 19. UNDERTAKER (Address) 3619-1412. M. W. World of so, specify (Address) 3619-1412. M. W. World of so, specify (Signed) 4. M. C. Signed M. M. C	17. INI ONIMANI	Specify whether injury occurred in INDOSTRY, III HOME, OF IN PUBLIC PLACE.
Place Was Array Dele March 9., 19 3 Nature of injury 19. UNDERTAKER Tracks Of Company of the Co		Manner of inlury
19. UNDERTAKER # 19. UN	Place Washington D Tope March 8, 1937	
(Address) 3619-14th. W. Wolf of so, specify of so, specify (Signed)	track that !	100
Ma Q'1 27 Ma O in M. Con (Signer) Level W. Kalemor MA M.		
	DO. 611 37 M. O.	L. L
20. FILED 1 . SAN D. 19	20. FILED L. JOAN B 19. D	

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 'S 'A | 4 Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage LUUL July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-0
County Vince Georges	Registration Dist. No. 238
Village or City Fort Toval	NDSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FULL NAME Ale Soles Buther	
7 4 7	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usuatplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
morried	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That Lettended deceased from
(or) WIFE of Man Cy Sulle	
6. DATE OF BIRTH (month, day, and year) Lec 23, 1879	Mar saw h alive on ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9
578 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	holinol Couras
SAWYER, BDDKKEEPER, etc.	Had suffered from
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	a heart allaste
year) occupation occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Clare from from Cis & Sutta	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an aulopsylvo
E	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) Country C	Where did injury occur?
17. INFORMANT Barrey Button	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, ign HOME Logic PLACE.
(Address) Fort Jooley	AA W. O'll.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury / / / / / / A A A A A A A A A A A A A
Ptace Offin Aut Date // 00 ,192/	Nature of injury
19. UNDERTAKER John, Dewarty	24. Was disease or injury in any way related to occupation of deceased? No
(Address) (30 M N E Wash N	if so, specify
20. FILED 7/10 , 193 Duy N. July Registrar.	(Signed) M. D
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as followed	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4445	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APR D 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V. S	July 5,1927	Peritonitis	3 days ago
1	Control of the contro	and the		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	1. PLACE OF DEATH	F MARYLAND—	CERTIFICA	ATE OF DEATH	03160
	County /	Benee		Registration Dist. No.	233
	Village or City Co		No		St., Ward
	Length of residence In city or town where dea	// . #		al or institution, give its NAME instead of st In U.S. if of foralgn birth?yrs	
	2. FULL NAME Alic	e heed	pa-		
		2	St. Ward	Veteran, specify WAR	
	(a) Residence: No.	(Usual place of abode)	eSu,ward	lf nonresident give city or t	town and State
	PERSONAL AND STATISTIC	AL PARTICULARS		CAL CERTIFICATE OF DE	ATH
3	S. SEY 4. COLOR OR RACE S	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF D	EATH (Month) (Oav)	, 193 (Year)
5	5a. If married, widowed, or diverced HUSBAND of		20 0 1115	·	<i>y.,</i>
	(or) WIFE of	of Carter	22. Mares	REBY CERTIEY, That I	attended dacaasad from
	6. DATE OF BIRTH (month, day, end yea	217 1907	I last saw h.M. al	live on Mch 9	19.3.7 ; death is said
- 1-	7. AGE Years Months	Days If LESS than	to have occurred on the	date stated above, at 11,00m	m.
rtie	29 7	2 1 dey,hrs.	The PRINCIPAL CAUSE were es follows:	E OF DEATH and ralatad causas of importa	Date of onset
o N	8. Trade, profession, or particular kind of work done, es SPINNER,	1.	- Ch	rome,	02(0) 01130(
TION	SAWYER, BOOKKEEPER, etc	marant	Thyon	arden un	
back	work was done, es SILK MILL, SAW MILL, BANK, atc.	, with the	In	Huema	
HO DO	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, atc. 1D. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	7	A	
instructions on	yeer)	occupation	Dthar Contributory Cau	uses of importence:	
ctio	12. BIRTHPLACE (city or town)				
ri.	(State or country)	Minne		••••••	
	13. NAME Sullian	Gentrey			
See	14. BIRTHPLACE (city or town) (State or country)	al constant			Date of
	15. MAIDEN NAME Bescho	900		agnosis?Was t external causes (VIOLENCE) fill in also the	
tan	I C DIDTUDI ACT (situate Acuse)	200		omicide? Date of injur	
important	16. BIRTHPLACE (city or town) (Stete or country)	Se Cox	Where did injury occur	?	
very im	17. INFORMANT	Pentray	Specify whether injury	(Specify city or town, county occurred in INDUSTRY, in HOME, or In PU	y and State) JBLIC PLACE.
A 1	18. BURIAL, CREMATION, DR REMOVAL	7	Menner of injury		
Si Z	Place Crame	Date/14/193	Nature of injury		
NOLL	19. UNDERTAKER	honas	24. Was disease or injur	ry In eny way raiated to occupation of daca	pased? 20
L .	(Addises)	matria	If so, specify	· · · · · · · · · · · · · · · · · · ·	
	20. FILED Phan 10, 1937 Erne	of W. Farner	(Signad) M. W.	leam 17.7 h	M. E
i i		Registrar.	(Address)	1 room	lary tan

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis The Land Control of the Control of	1915	Attack of epilepsy	1 week ago	
Chronic interstitial rephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AFR 8 1937	July 5, 1927	Peritonitis	3 days ago	
Fried II V. 3.	and the same of th			
Other contributory causes of importance:	*	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Le de la				

BINDING

RESERVED

ARGIN

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis 7 0 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			me and a

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Prince Genglo	Registration Dist. No. 2 3 0
/=	No. St., Ward
01 0/ 1 0 11	osds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME THATIS CALLY	go
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 5, 193 7, 193 7
5a. If married, widowed, or divorced HUSBAND of	(month) (Day) (Teal)
(or) WIFE of O. P. Callerio	Pelleuly 1, 1937, to Wallet 1, 1987
6. DATE OF BIRTH (month, day, end year)	I last saw h.4. alive on March 4 1937; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 1230 Am.
25° 4 18 1day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
	were as follows:
SAWYER, BOOKKEEPER, etc.	Pulmman Vulerentono scholi
9. Industry or business in which work was done, es SILK MILL.	1634
SAW MILL, BANK, etc	
this occupation (month and year)	
2. BIRTHPLACE (city or town) Speucewill Wd	Other Contributory Causes of importance:
(State or country)	
13. NAME Plumas D. Harris	
14. BIRTHPLACE (city or town). Ways land	Name of operation Date of
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Frances Blakeney	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) hust . 4 Columbia to	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (a O C)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sellanty, cut, 18. BURIAL, CREMATION OR REMOVAL	
Plak Sollswille Med Date March 7th 1937	Manner of injury
Placed Pages	
19. UNDERTAKER (Address) (Afaurol Zuol	24. Wes disease or injury in any way related to occupation of deceased? Wo
man 6- 1037 Sant South	(Signed) In Way Suttell M.
19.5 FILES / M. 6 , 19.3 / MARTINELLE Registrar.	(Address) ROMAN MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial neparitis APR 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.	S July 5,1927	Perilonilis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

of OCCUPA.

N. B.

1. PLACE OF DEATH	100	
County 0: Liv	Registration Dist. No. 24	3
Village or City News, Barrie	NoSt.,	Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and n	
The Comband		
2. FULL NAME STECHES & MICHES C	U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
mad I married married	(Month) (Day)	(Yeer)
5a. If married, widowed, or divorced NUSSAND ef (or) WIFE of P	22. I HEREBY CERTIFY, That I attended of	deceased from
(d) wite of Cally in Card 15	3 - 11 ,19.3 7,10 3 - 16	
6. DATE OF BIRTH (month, day, end year) Sept. 10. 1878	l iast saw h, 19,	; death is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 2.2 £m.	
58 6 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
8 Trede, profession, or particular kind of work done, es SPINNER, ALLENS SAWYER, BOOKKEEPER, etc	Lotar Commona	3-10-27
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked at this occupation (month end		
SAW MILL, BANK, etc.		
yeer)	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) (Fallmann) (State or country)	elis myocoreletis	1935
7 64 6	ante Carlese Delitation	
13. NAME 2 14. BIRTHPLACE (city or town) Bultunes		3-16-37
14. BIRTHPLACE (city or town)	Neme of operation Dete of	
	Whet test confirmed diegnosis? Wes there an el	
E Deltie al	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
Zu Falith Creek	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Colly of The Mat 18, 19 3	Neture of injury	
4 Headin Sound	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER DE STANDARD STA	if so, specify	
1444 16 .37 FILATAINE	(Signed) B Warren	
20. FILED A. J. D. 198 T. Registrar.	(Address) Palent live	/

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEAT should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a, if married, widowed, or divorced HUSBANO of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 0evs If LESS than to have occurred on the date stated above, at. 1 day, ____ hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIOEN NAME in DEATH 16. BIRTHPLACE (city or town) (State or country) plnous OF (Address) CAUSE TION Nature of injury 24. Was diseese or injury in eny way related to occupation of deceased? 19. UNOERTAKER (Address) if so, specify Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting D. S. No

BINDING

RESERVED

MARGIN

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#7. NCAU V. S.			
Other contributory causes of importance:	11 = 17=11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH	97
County Prince George	Registration Dist. No. 237
Village or City Laurel	No. Laurel Sandarium St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1.111111111	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Jefferson La	W.C.
(d) Residence: No. 13 1 am bly West (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 17 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Butto B. Menkini	22. I HEREBY CERTIFY, That I attended deceased from 1936 to March 12 1982
C DATE OF BIRTH (month toward of August 24 1611	I last saw h Line alive on March 17 1937 death is said
6. DATE OF BIRTH (month, day, and fear) Will great 30 - 156 7. AGE Years Months Oays if LESS than	to heve occurred on the dete stated above, et 1270 m.
76 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Jovissimused Clerk	Pellulitis of foot and
S-Industry or business in which work was done, as SILK MILL, Paker Affice	leg Staphlosociae infection 1,29,37
O 10. Oate deceased last worked et 11. Total time (years)	
this occupation (month and spent in this 48 occupation 48	
12. BIRTHPLACE (city or town) Prival George lo	Other Contributory Causes of Importance:
(State or country) May Land	- Augusta Maria de Cara de Car
E t3. NAME Joseph Daves	
13. NAME JOSEPH JOSEPH 14. BIRTHPLACE (city or town) 12.	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIOEN NAME Rosa K. Burnell 16. BIRTHPLACE (city or town) - Mary land	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide? Dete of injury, t9
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & akulasian Meer de	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Cally ACCC Date 104 17, 190/	Nature of injury
19. UNDERTAKER Inches Stothers	24. Was disease or Injury In any way related to occupation of deceased?
(Address Type maritylo, And.	If so, specify
20. FILEMANIT 1837 M. Brasheare	(Signed) After L. Willbert d. M. D.
Registrar.	(Address) Laurel Sanitation, Janel, Mil.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example II

Zantin pre x			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MAD 30 1937

N. B.

County Truce planned		Registration Di	ist. No. 242
Village or City Speater Expetit Heigh	tte, The No.		St.,War
		hospital or institution, give its NAME i	
Length of residence in city of town where death occurred	yrsgmosds. How	long in U.S.1f of foreign birth?	yrsd
2. FULL NAME Harrel Elyabet	The Wenneson If !	U. S. Veteran, specify WAR	
(a) Residence: No. Orester Bakelt 12	1. 11. 2/11	Ward.	
(d) residence. No. 10 (Usual place of			ve city or town and State
PERSONAL AND STATISTICAL PARTIC	ULARS M	EDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIFFERENCE OR DIFFEREN	ED, WIDOWED. 21. DATE OF	F DEATH &	73 7
J' IV. 1714	owed	(Month)	(Day) (Year)
5a. If married, widowed, of divorced			
(or) WIFE of James James News		HEREBY CERTIFY	
	11.1 March	1933, to Ma	arele 20, 193
6. DATE OF BIRTH (month, day, and year) Jet 22, 18	7 /	alive on March Su	7
7. AGE Years Months Days		on the date stated above, at 120	Le_m.
	ormin. The PRINCIPAL (CAUSE OF DEATH and related causes	
8 Trada profession or particular	20	: - 7// -/2 =	Data of onse
o kind of work dona, as SPINNER, W home	Suron	uc Myacaro	Succession
9. industry or business in which	with	acute tar	dias 3/10/a
work was dona, as SILK MILL, SAW MILL, BANK, etc.	fact	art for	7.73
10. Oata deceased last workad at 11. Total time	(years)	eral arterio	clara wet
this occupation (month and spent i occupa		rouse endered	railis 4
		ry Causes of importance:	ne o
12. BIRTHPLACE (city or town)	Cle	mic mul	leple
(State or country)	- She	yber books	fe
14. BIRTHPLACE (city or town)		Martidail	is unba
14. BIRTHPLACE (city or town)	Name of operation	n	Date of
(State or country)	What test confirm	ed diagnosis? Clusica	P. Was there an autopsy? 3
15. MAIDEN NAME Charity & Vennich		ue to external causes (VIOLENCE) fill i	
H G G G G G G G G G G G G G G G G G G G	1		
15. MAIOEN NAME Charity Stearch 16. BIRTHPLACE (city or town)	7 -	or homicide? Da	ta of injury, 19
(Stata or country)	Where did injury	Occur?(Specify city or to	wn, county and State)
17. INFORMANT (A) Newton (Address) 2107 Fairlawn (m. 16	Specify whether in	njury occurred in INOUSTRY, in HOM	E, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY.	Manner of injury .		
Place bedan fall parollar o	0 10.77		
SV. SV. Ed	0		
19. UNOERTAKER THE MANUELLE OF THE PROPERTY OF	1)-10	r injury in any way related to occupati	on of deceased?
(Address) 3/7-//>/// / / / / / / / / / / / / / / / /	If so, specify		
20. FILEO MAR 36 1937 Doly 6. 200	cash (Signed)	Faul C	Van Mellas
	Registrar (Addr.	race) Bons assay	is DE RHI

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER STATEMENTS BY PHYSICIAN
	- to the second

N. B.—WRITE PLAMAY, WITH UNFADING INK—THIS IS A PERMANENT REC TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 2.33
County Spect Verylo	Registration Dist. No. 400
Village Dr City Coon	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME WIGGS	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. AEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MILL
OR DIVORCED (write the word)	1000 24 193 7
Sa. If merried, widowed, or divorced	(Month) ! (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
40	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) MAh 24 -1937	I lest sew h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
δ 0 δ or _ Q _ min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc	(P) 7 ATI
O Tiede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	remalur. Hullarn
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation work)	
, your)	Dther Coutributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
0. 10.	
13. NAME of Marchall Diggs 14. BIRTHPLACE (city or town).	
14, BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Olice & (Naggo Brown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Crown Ola	Accident, suicide, or homicide? Date of ipjury, 19
(State or country)	Where did injury occur? (Specify city or town, county and Stale)
17. INFORMANT I Marshalf Dago	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Croom md	
18. BURIAL, CREMATION, OR REMOVAL AND THE STATE OF THE ST	Manner of injury
Place Date Turing Date 193	Nature of injury
19. UNDERTAKER & marshall on 1990	24. Was disease or injury in any way related to occupation of deceased?
(Address) Croom, Ind.	If so, specify
20, FILED Mar/251937 Ernest Warner	(Signed) Millian 11 Tobans M. D
Registrar.	(Address) room ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALIREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 5 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY,

STATE OF	MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		822
County Israye The	4	Registration Dist. No. 2
Village or City Seat Pleas		No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth o	ccurredyrsmos	sds. How long in U.S. If of foreign blrth?mosds.
2. FULL NAME meny los Ne	ysen.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R. DJVORCED (write the word)	21. DATE OF DEATH MARCH 81 193 7 (Month) (Day) (Year)
5a. # married, widowed, or divorced	1	(1001)
HUSBAND of (or) WIFE of	known	22. I HEREBY CERTIFY. Thet I attended deceesed from ARCH 30 1982, to MANCH 31, 1982
6. DATE OF BIRTH (month, day, end year)	- 1862	I last saw h - eld elive on MA 4 91+ 30, 1932; death Is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, etm.
73	I day,hrs.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	1.	CLEW-E13RAL HEMMORA MAKE
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	neme	208
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc		Se
10. Date decessed last worked et this occupation (month end	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Washing	Ten,	other contract of importance.
(State or country)	Q Lo.	
13. NAME WARNEN. 14. BIRTHPLACE (city or town)		
(Stete or country)		Name of operation Date of
	n.	Whet test confirmed diegnosis? Was there an autopsy?
	(23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?
17. INFORMANT HARMER RICHARD	len	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	N 1- 1	Manner of injury
Piphidalay Chapil Dai	e 1911 4 1937	Nature of injury
19. UNDERTAKER And! Stema (Address) 16- AT n h	M.	24. Was disease or Injury in any way releted to occupation of deceased?
20. FILED Coffsil 2', 1937 Grace	e low- uly Registrar.	(Signed) Willes W.D. M.D. (Address 109-578 N = NASHDC.
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting W.S. No. 1.

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Example I	449	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1193	July 5, 1927		3 days ago
oeAV V	8 11		
Other contributory causes of importance:	, part	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03171
1. PLACE OF DEATH	
County Truck George	Registration Dist. No. > 3/
Village or City Bladeus Clause M	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
(a) Residence: No. Bladens burg N	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) While Windowski	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magegie & Fusher	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar 21 183	I last saw h alive on
7. AGE Yeers Months Deys if LESS than	to have occurred on the dete steted above, at
7.9 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Illured SAWYER, BOOKKEEPER, etc.	Cardiae Bilalian Wall
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this	
12. BIRTHPLACE (city or town) M (C)	Other Contributory Causes of importance:
(State or country) W 13. NAME John Fusher	Center Sella millary year
13. NAME John Fusher 14. BIRTHPLACE (city or town) 22. C	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
17. INFORMANT Marie May Masuring (Address) Blaken May Masuring	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hell Oate Mar 17, 19.3.	Manner of injury
19. UNDERTAKER & Gasolis Sous (Address) Bladensburg md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Marale 16, 1937 - Selen & Stack Local Registrar.	(Signed) M. (Address) M. (Address) M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUDBAU V. S.			
Other contributory causes of importance:	w # P	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(92-97)
County Prince Gencera	Registration Dist. No. 214773
Village or City Jakoma Park	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John H Gitting	If U.S. Veteran specify WAR
(a) Residence: No 5th + Orchard (Usual place of abode)	St., Ward. Lakensa Gark. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marketeel	21. DATE OF DEATH (Month) (Tay) (Var)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Quantum Gittings	22. I HEREBY CERTIFY. That I attended deceased from 19.30, to have 6, 19.3.7
6. DATE OF BIRTH (month, day, and year)	I last saw h. i. M. aliva on more h. 6 1937; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
80 6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	Cardiac decompensation paralle
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and	
10. Date daceasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) District Calumbia (State or country)	Other Contributory Causes of importance: 1930
	Arteriosgleson
13. NAME Hartley Gettings 14. BIRTHPLACE (city or town) Balthuare hid: (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT James Gittings- Son	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mark Date De 12	Nature of injury
19. UNDERTAKER Warner S. Sumpherey (Address) Delver spring min.	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED WAL 8, 1937 48 William &	(Signed) M. M. A. Almon M. D. (Addrass) 1.1.3. Corroll St. Takona Park VC
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Zampies.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	Muy 1,1325	ousu venueruus	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
county Pluce Georges	Registration Dist. No. 2 4 2
Village or City Lauham Maryland	ol No. St., Ward
/ a / ()f	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where daath occurred	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Cliga dundlen	If U. S. Veteran, specify WAR
(a) Residence: No. Lawh au Maryland	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of Frederick G. Gundling	22. HEREBY CERTIFY. That I attended deceased from
5 DATE OF RIPTH (month day and year) June 90- 1857	I last saw h W aliva on Man 19 1937; death Is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 3 km.
I 19 9. 9. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	Ucute Cardiae Willatere Doto of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as StlK Mill, SAW Mill, BANK, atc. 10. Data deceased last worked at this occupation (month and	Regoracouty Cliv,
work was dona, as StLK MILL, Home SAW MILL, BANK, atc. 10. Data deceased last worked at 11. Total time (rears)	Clifficultie clir.
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
II 13. NAME adoth seeger	
13. NAME (i dolph Jeeger 14. BIRTHPLACE (city or town Jermany)	Nama of operation Oate of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Merdine grugerdors	23. if death was tua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Method Grugerdors 16. BIRTHPLACE (city or town) Germany (State or Country)	Accident, suicida, or lomicida?
∑ (State or country)	Whera did injury occur?
17. INFORMANT Dyns Sem dling (Address) Lankam Maryland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL March VV- 37	Mannar of injury
Place A with any mo Dato larch & 192/	Nature of injury
19. UNOERTAKER Francis Gasch's Sons (Address) Hyattsville Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 3-22-, 1937 Mrs. John W. Hower	(Signad) Mary Leave M. D.
If the state of th	N Chalassa Baliana Baliana Baliana

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	R	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	7-
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RE. MARGIN RESERVED FOR BINDING IION is very important. See instructions on back of certificate. N. B.-WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(110)
County Page Of Charges	Registration Dist. No. 240
Village or City Class & Sell	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
0 11 11	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Jan Jenry Hom	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mole white OR DIVORCED (invite the word)	2 5 , 193
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
0 47 1631	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) O-F 7, 1936 7. AGE Yeers Months Days If LESS then	I last saw h alive on; death is said
7. AGE Yeers Months Days If LESS then I day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end releted couses of importance
	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tapana Ca
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	Colones My
WORK WAS GOINE, 85 SILK MILL, SAW MILL, BANK, etc	Primary cause of the maknutration : probably
- [Spoilt in this	gastnoventerities Dungtion & since Light Cong
year) occupetion	Other Contributory Canses of Importance.
12. BfRTHPLACE (city or town) Many Company	malneulution
(State or country)	
14. BIRTHPLAGE CAY or to (1)	
4. BIRTHPLASE City or to m	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
(State of Country)	Where did Injury occur?(Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION OF REMOVAL	Manner of Injury
Place Stephen Dete 2/25, 1937	Neture of injury.
Rh. ITHRUM	24. Was disease or injury in eny way releted to occupation of deceased?
19. UNDERTAKER (Address) MacLovi, July	If so, specify
Mi - Ma a bl & st	(Signed) M. D. M. D.
20, FILED May. 25:, 1927 May 9. A. Zhill. Registrar.	(Address) - estable wy
+	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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0.5	Example I		Example II	
The principal caus of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		3		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	10	May 1,1923	Gastroenteritis	1 year
			•	

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13175)
1. PLACE OF DEATH	
County Princes years	Registration Dist. No. 145
Village or City Hyallsville, modd	No. Hack Balli Boled St., Ward
nous (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME John Charlan	If U. S. Veteran, specify WAR
(a) Residence: No. (6.97 - Ullanus and (Usual place of abode)	St, Ward. West dall M &
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH When 16 1937
5a. If married, widowed, or divorced	(Month) (Dáy) (Ŷeer)
HUSBAND of Mand E. Harlan	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mich 6 1876	I last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated ebove, atm.
6/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8 Trade, profession, or perticular kind of work done, as SPINNER. Yout Employee SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	Julmonary Embolism
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	1-
U 10. Date deceesed last worked at Que. 13 11. Total time (years)	Duddin dialh-
this occupation (month and 1937 spent in this occupation.	Conomis case
12. BIRTHPLACE (city or town) Marshall Oill	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Edwin Harlan	
13. NAME Edward Starland 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy? 400
15. MAIDEN NAME Cliga Bartlett 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mand E. Harlan (Address) River dala med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place II I weak md Date anch 1,1937	Nature of Injury
19. UNDERTAKER IT Gasche Jones	24. Was disease or Injury In any wey related to occupation of deceased?
(Address) Thy attending md	If so, specify
20, FILED MONTE 1931 M. Jaco Olever L. Registrar.	(Signed) M.D. (Address) Agastaville M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	and be	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1910	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LANGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03176
1. PLACE OF DEATH	93.0
County Prince Searge	Registration Dist. No. 23 4
Village or City Friendly S- Oxon Hill	St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hannah E. Harn	If U. S. Veteran, specify WAR
(a) Residence: ND. Anacostea De. 444 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furite the word The description of the word of t	21. DATE OF DEATH (Month) (Dey) 193 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Thanks	22. I HEREBY CERTIFY. Thet I ettended deceased from Sept. 15, 1936, to March 14, 1937
6. DATE OF BIRTH (month, dey, and year) and 21 1850	1 lest saw h. Er alive on March 10, 1937; deeth is seld
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the dete steted ebove, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or perticular	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which	Hemaerleage 3/14/3
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decesed last worked et this occupation (month and	
10. Date deceesed last worked et this occupetion (month and yeer)	
12. BIRTHPLACE (city or town) Md	Other Contributory Causes of Importance: Sources of Arthrio Scherock Make
13. NAME Jacob Harman.	Chronic Wyocardela when
13. NAME Gack Harman. 14. BIRTHPLACE (city or town) Md. (State or country)	Neme of operation Dete of Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Barbara Gusendaffer 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Mrs. Edgar Thorne. (Address) Francisco Mar.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALT Md-Date 9/17/37, 79	Menner of injury
19. UNDERTAKET homas Fr. Murayo Son (Address) Washington, Do.	24. Wes diseese or injury in eny way related to occupetion of deceesed?
20. FILED Mar 16, 1937 Mrs alton Davis Registrar. If more blanks are needed, address State Registrar,	(Signed) Faul C. Van Valto M. D. (Address) Benning D. C. H. F.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WASHING TO A STATE OF THE STATE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF M.	ARYLAND-	CERTIFICATE OF DEATH 031	77
1. PLACE OF DEATH		20 (1)	
County Prince George		Registration Dist. No. 24	3
Village or City Glenn Vale		No. Children's Inbereulous Sanatorisa	Ward
		f death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
Length of residance in city or town where death occurr	edyrs,mos	ds. How long in U. S. if of foreign birth?mos	ds.
2. FULL NAME TTarris	rul	W 1. 100	7
(a) residence, No.	sey Ave N. 1 Il place of abode)	V St., Ward. Washington D.C. If nonregulent give city or town and S	State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
hidle Colored OR DI	E, MARRIED, WIDOWED, VORCED (write the word) Surgle	21. DATE OF DEATH (Month) (Day)	193 7 (Yaar)
5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended do	11112
6. DATE OF BIRTH (month, day, and year) January	30, 1936	I last saw h /h alive on March 27 1937	death is seld
7. AGE Yaars Months Da		to have occurred on the date steted ebove, at 5 18 A m.	00011113 3010
1 1 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Treda, profession, or particular	1 VIIIIII	were as runows.	Date of onsat
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Interculosis of he Lungs	Fan 1937
9. Industry or business in which work was done, as SILK MILL,			/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased lest worked at this occupation (month and year) 11.	Total time (years) spent in this occupation		
Wanter A	0.0	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)		Tuberculosis of he Meninges	3/10/27
13. NAME WM Harris		- Tac promises	7.7/2.1.
13. NAME No Harris 14. BIRTHPLACE (city or town) U.S.		Name of oparation Date of	
(State or country)		Whet test confirmed diagnosis? X-Ray, Laboratry Was there an au	
IS. MAIDEN NAME Jame		23. If death was due to external causes (VIOLENCE) fill in elso the following:	lopsyr
15. MAIDEN NAME ame 16. BIRTHPLACE (city or town) 4. 5.		Accident, suicide, or homicide? Oate of injury	19
∑ (Stete or country)		Where did injury occur?	,
17. INFORMANT	sistance Division	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	JE.
18. BURIAL, CREMATION, OR REMOVAL	0 ,	Mennar of injury	
PiaceDate_M	arch 3 1937	Nature of injury	
19. UNDERTAKER WALL TOWN IN Washing (Address)	to In Wisponel	24. Was disease or Injury in any way ralated to occupation of deceased?	
20. FILEOMAN 19. 37. 97 / 2	Registrar.	(Signad) Laniel Leo Finneane (Address) Children J.B. San, Gle	M. O.
If more blanks are no	eded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	ndi.

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Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PEREAU Y. 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLA V. S. No. 1 ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03178
County Prince George	Registration Dist. No. 2—3
110	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
51:011=11	
(a) Residence: No. Perrer Port (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH Mich 2 - 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — A.R. Horman	22. I HEREBY CERTIFY. That I attended deceased from July 20. 187, to well 2. 18)
6. DATE OF BIRTH (month, day, and year) Sept 15, 1863	I lest saw h elive on The 198 >; deeth is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the dete stated above, atm.
73 6 15 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral apropaky toloop
year) occupation 12. BIRTHPLACE (city or town) araby	Other Contributory Causes of importance:
(State or country) Frederict HO, Md.	1d, B. P may years
13. NAME Greek Haller 14. BIRTHPLACE (city or town) Frederick, MA (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Sarah, Cantuar	23, If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah Cantnor 16. BIRTHPLACE (city or town) Trederich (State or country) 17. INFORMANT Caw. M. Charcean (son)	Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Diadeusling med Date Mile 4/,1937	Manner of Injury
19. UNDERTAKER F. Hasche Sund (Address) Strattwille md	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDMAN Y 1937 Helen Stafk Local Registrar.	(Signed) M. C. M.

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Example I	D. Control	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(AC101) A.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—W

1		ACE OF DEA	TH rince G	eorge's	County	CERTIFICATE OF DEATH	10111
	Col	unty-conres	THE PLIMITS OF			Registration Dist. No. 2	15
		lage or City	Hyatts	ville Mo	Lo	No.	Ward
	len	orth of residence in	rity or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs	
				L House			mios
2		LL NAME			Hyattsvi	If U. S. Veteran, specify WAR	
	(a)	Residence: No.	2 TOG	(Usual place		Ward. If nonresident give city or town as	J C
	PE	ERSONAL AI	ND STATIST			MEDICAL CERTIFICATE OF DEATH	nd State
3. 5	SEX		OR OR RACE		RIED, WIDOWED,	M DATE OF DEATH	4
T	ema	1	ite	OR DIVORCE	D (write the word)	21. DATE OF DEATH Man 28	193 7
		ied, widowed, or div		widov	vea	(Month) (Day)	(Year)
	HUSB	AND of		Frankl:	in Houser	22. HEREBY CERTIFY That I attende Was 10 1937 to March	d deceased from
6 1	DATE O	F BIRTH (month, d	ov and year)	reb. 24	1880	I last saw h. W. elive on Mar 28, 193	
	AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9:30 A.m.	7 ., 40411 10 5411
		57 year	3 /	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
. 1	8. Tri			1 /	ormin,	were es follows:	Data of onset
5		ade, profession, or p kind of work done SAWYER, BOOKKE	, as SPINNER,	At home	9	Cerebial Embolice	3//
OCCUPATION		dustry or business i work wes done, as SAW MILL, BANK,	n which SILK MILL,	Housew	ife	/	72//
0	10. Da	te deceased last we this occupation (m year)	orked et onth end	11. Total t	ime (years) nt In this upation		
t2.		PLACE (city or town ate or country))	artins l	erry	Other Contributary Causes of Importance; blasder c	1935
٤	13. NA	ME Jac	ob Mail	е		- Years	
FAIRER		unc .		German	V	myracains	
	14. BI	RTHPLACE (city or I (State or country)	own)	GOT HIGH	<u>Y</u>	Name of operation Dete of	
:	15 MA	AIDEN NAME	Carolin	e Hoffma	an	What test confirmed diagnosis? Was there en	
MOIGEN				V. 2. 111		23. If death was due to externel ceuses (VIOL ENCE) fill in elso the followi	
2	16. BII	RTHPLACE (city or to (Stete or country)		ot know	n	Accident, suicide, or homicide? Date of injury	, 19
- 1		(otate or country)				Where did Injury occur? (Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	late)
17.	INFORM		Luretta			Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	PLACE.
2		ddress) L, CR <u>emation, or</u>	REMOVAT	Dordle	nd.		
٥,	DIA	Pittsb	urg	Mar Mar	ch 29, 37		
	Fid			Vaic	, 19	Neture of Injury	
19.		TAKER H		Sons ville M	d.	24. Wes disease or injury In any way related to occupation of deceased?	
20.	FILED.	Mas 28,	1937 M	m. Jas	Serena Registrar.	(Signed) (Address) Aseasle, M	M. 1

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
02 2 2 1 121 2 2 34.	1915	Attack of epilepsy Run over by street car	1 week ago
	1.1		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
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RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	OF DEATH			
	City Hyalterille		No. Sacred Heart Some St.,	Ward
Length of re	esidence in city or town where d		death occurred in a horpital or institution, give its NAME instead of street and included the street a	
2. FULL N	AMF &	Touse Inder		
	ence: No. Phila	(Usual place of abode)	St, Ward. If nonresident give city or town an	nd State
PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 22 (Month) (Day)	., 193 (Year)
5#. If married, wid HUSBAND of (or) WIFE of	11 1	Jarden,	22. I HEREBY CERTIFY, That I attende	
	H (month, day, and year) Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	7_; death is said
8. Trade, pro	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Insuls	were as follows: Casdio sascular sunal disease.	Date of onset
9. Industry of work of SAW N	r business in which was done, as SILK MILL, MILL, BANK, etc			
O this oc	ased last worked at cupetion (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (State or co		Phila Pa	Other Contributary Causes of importance: Multiple areas of ganguise on	7/- /
区 山 13. NAME	May M.	Christin	- tilli begi I ()	Mar 2/3
14. BIRTHPLA	CE (city or town)	a. J	Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN	NAME Mary	Maguel	23. If death was due to external causes (VIOLENCE) fill in also the following	
	CE (city or town)	J unknown	Accident, suicide, or homicide? Date of Injury Where did injury occur?	~
17. INFORMANT	Sarred Dec	lo.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAK, CREM	ATTON, OR REMOVAL	Date 3 - 23 193/	Manner of Injury	
19. UNDERTAKER (Address)	2901-14	cigo Co.	24. Was disease or injury in any way related to occupation of deceased?	Ms
20. FILED Man	122' 1937 Mm		(Signed) Januar Muflingly (Address) lefter & Januar Wellingly	West &
	If more	blanks are neeled, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

-WRITE

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	Example I		Example II	94 F
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. 3.	July 5, 1927	Peritonitis	3 days ago
	Contract on the Contract of Co			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Ante Of Birth (month, day, and year) 8. DATE of Birth (month, day, and year) 8. Treds, profysion, or particular profits of the profits of th	STATE OF MARYLAND-	-CERTIFICATE OF DEATH	03182
Village of City	1. PLACE OF DBATH	990	
(If death occurred in a hospital or institutions, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. Status IV. (b) Company of the wind of the state	County Usince Georges	Registration Dist. No.	42
Legib of reidence in city-or town where death occurred 1. 17		No. St.,	Ward
If U. S. Veteran, specify WAR. (a) Residence: Nat. Statistical PARTICULARS SEX. 4 COLOR OR RACE OR DIVORCED (epith payord) In HARTINGAM didwed, or divorged (Month) (Day) (Month) (Day			
(a) Residence: Na Statistical Classifice of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX. 4. COLOR OR RACE ON DIVORCED (expect they and y) S. If marriag, widowed, or divaged (Month) S. If marriag, widowed, or divaged (Month) S. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day. ACE Years Months Days If LESS than 1 day. Ace years Months S. Fred, profession, or particular S. AFE S. Fred, profession, or particular S. Jerds, profession, or particular S. AFE S. MINILL, BARK, etc. D. Date of country SAW MILL, BARK, etc. D. Date of country S. MINILL, BARK, etc. J. D. Date of country S. MINILL, BARK, etc. J. S. MINILL, Etc. J.			
(Usualpike of shode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX. 4. COLOR OR RACE OS. SINGER MARRID, WIDOWED, OR DIVORCED (wight theyword) ON ON OWN From the Company of the Company o	10, 110, 000)
21. DATE OF DEATH 10 (Month) (Day) (Test) MALL MALL MARKE (sty or town) (State or country) 13. MANNE MARKE (city or town) (State or country) 13. MANNE MARKE (city or town) (State or country) 15. MANNE MARKE (city or town) (State or country) 15. MANNE MARKE (city or town) (State or country) 15. MANNE MARKE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MARKE (City or town) (State or country) 18. MANNE MARKE (City or town) (State or country) 19. MANNE MARKE (City or town) (State or country) 19. MANNE MARKE (City or town) (State or country) 19. MANNE MARKE (City or town) (State or country) 19. MANNE MARKE (City or town) (MANNE)			and State
OR DIVORCED (wijne the word) Authority of water of divorged HUSBAND of (Year) 193. If married, widowed, or divorged HUSBAND of (Year) 193. If married, widowed, or divorged HUSBAND of (Year) 193. If married, widowed, or divorged HUSBAND of (Year) 194. If the REBY CERTIFY, thet is attended deceased from any 18 19 3. If the REBY CERTIFY, thet is attended deceased from the state of the deceased from the state of the state stated above, at	PERSONAL AND STATISTICAL PARTICULARS		Н
is, If married, widewed, or diverged HUSBAND of Corp. WHE of S. DATE OF BIRTH (month, day, and year) Months Deys If LESS than 1 day,		21. DATE OF DEATH	7
HUSBAND of (or) WIFE of Comment of Silvand. 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Freda, profection, or particular 8. AGE 8.			, 193(Year)
5. DATE OF BIRTH (month, dey, and year) 6. AGE Featy Norths Norths		22 O. I HEDERY CERTIEV That I offen	ded deceased from
to heve occurred on the date stated above, at A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of ome in The PRINCIPAL CAUSE OF DEATH and related causes of importances were as follows: Oats of our The PRINCIPAL CAUSE OF DEATH and related causes of importances are followed to a state of the state of one The PRINCIPAL CAUSE OF DEATH And T	(or) WIFE of Somma f. Pollard		_ /
to have occurred on the date stated above, at. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Jreds, profession, or particular in the profession of work done, as SPINNER, profession of work done, as SPINNER, profession, or particular in the profession of work done, as SPINNER, profession of work done	S. DATE OF BIRTH (month, day, and year) Smar. 9-1862.	I last saw h servalive on War 20 ,19 i	e; death is said
8. Treds, profession, or particular Rend of work dome, as SPINNER SANVER, BOOKKEPFE, etc. 1. Industry or business in which work was done, as SIK MILL. SANVER, BOOKKEPFE, etc. 1. Industry or business in which work was done, as SIK MILL. SANVER, SEC. 1. Total tims (years) occupation Other Cearcibutery Causes of importance: What iest confirmed diagnosis? Was there an eutopsy? 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? Sectify city or town, country and State) Specify whether injury occurred in INDUS RY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury	AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at	
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SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month end year) 11. Total tima (years) Spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVER (Address) 18. BURIAL, CREMATION, OR REMOVER (Address) 19. UNDERTAKER (Address)	8. Treda, profession, or particular	A	Uate of onset
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVER (Address) 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTRAKER (Address)	SAWYER, BOOKKEEPER, etc.	Cloute Cardiac Deletation	3/20/3
Other Costributory Causer of Importance: 7 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVE 19. UNDERTAKER (Address)	S. Industry or business in which work was done, as SILK MILL,	Muys carteli, - clu, c	3/16/37
Other Costributory Causer of Importance: 7 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVE 19. UNDERTAKER (Address)	10. Data deceased last worked at 11. Total time (years)	confestive heart failure	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVE 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Prace 2 1., 1937 Jahns C-Wash (State or country) 17. INFORMANZ 18. Surface (city or town) (State or country) What test confirmed dialoguis? Was there an eulopsy? 23. If death was due to axternit values (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? Where did injury occurred. Specify whether injury occurred in INDUS VI, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER (Address) 19. (Address) 16 so, specify (Signed) (Address) 16 so, specify (Signed) (Address) 17. INFORMANZ (Address) 18. Was disease or injury in any wey related to occupation of deceased? (Address) 18. D. (Address) 19. (Address)			
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVER 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. Was there an eutopsy? 23. If death was due to external squees (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Accident, suicida, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Manner of injury Natura of injury Natura of injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) 19. Capture Country (Signed) (Address)	12 PIDTUDI ACE (city or town) Tengan, con	Other Contributory Causes of Importance:	7
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Where did injury occur? (Stacify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVER Place Address 19. UNDERTAKER (Address) (Signed) (Signed) (Address)	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury	, 19
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVER Place Advisor Major Dec. 22. 192 Natura of injury Natura of injury 24. Was disease or injury in any wey related to occupation of deceased? (Address) 19. UNDERTAKER (Address) 19. Jahn R-Wash (Signed) (Address)	E (Stata or country)		(6)
18. BURIAL, CREMATION, OR REMOVED Placed Alleger Mapper Date 32 2 , 195 Manner of injury 19. UNDERTAKER Triffic Trif	17. INFORMANT PONAIR L. Jones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE,
Natura of Injury 19. UNDERTAKER (Address) Natura of Injury 24. Was disease or Injury in any wey related to occupation of deceased? If so, specify (Signed) (Address)			
24. Was disease or injury in any way related to occupation of deceased? LLO (Address) repute Institutory First (Signed) Matter Clause (Address) Registrar. (Address) Registrar.			
(Address) reput Inallatoro, Ind., If so, specify 20. FILED man 21, 1937 Jahn & Wearl Registrar. (Address) Matter Care M. D. (Address) Registral M. D.	The state of the s	Natura of injury	1
20. FILED Mar 2!, 1937 Jahn & Mais (Signed) Martin Kraue M. D. Registrar. (Address) Regarde Med.	19. UNDERTAKER TESTERIA Shothers		2.10
20. FILED Mill (Address) Registrar. (Address) Med	(Address) There Inghilloro, Inc.	11 1.1. 1 (14.11)	
The first of the f	20. FILED Mar & 1', 1937 Jahn E- Wear	16/1 0 7/. 4	M. D.
		The fact that th	*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
VDB 8 Tags				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLA

V. S. No. 1 N. B.-

STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEATH
SIAIL		MANIF	AIYU .	CLIVIII	ICAIL		DLAII

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0	. 1	3	1	. 3
V	11	1	V	1

1. PLACE OF DEATH	50 747
County Juney See	Registration Dist. No.
Village or City Park Than Cons	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmc	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // achief	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yedf)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet i attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys If LESS than I day,hrs	I lest saw h. W. elive on 27, 1937; death is said to have occurred on the date steted above, at 12/2m2 human
8. Trede profession or narticular	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Generalized Carcinomula Constitution of the property of the pr
9. Hadustry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importence:
12. BRRTHPLACE (city or town) (State or country) 2 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
t5. MAIDEN NAME Sachelle Belle 16. BIRTHPLACE (city or town)	23, If deeth wes due to external causes (VIOLENCE) fill in elso the following:
134000000000000000000000000000000000000	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address) (Address)	Specify whether injuly occurred in INDOSTAT, in NOME, OF INFODERS FLAGE.
Place System Place Design 193	Menner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in eny wey related to occupation of deceesed?
20. FIEDSland 19, 1931 And South Registrar.	(Signed) M.D. (Addyess) reslute that

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	f	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PERTITIONIE OF DEATH
1. PLACE OF DEATH	7
County Prince Jerges	Registration Dist. No. 242
Village or City Mitchellylle P. O.	NoSt. Ward
	eath occurred in a hospital or institution, give its NAME instead of street and number)
	Zds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME James Edward Ports	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH March (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Mars 19, 1936	Hast saw h aliva on March 20, 1937 death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 2 36 m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
2 Trade profession or pertiauler	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	Bronchil Preumonia 3-17.37
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Mitchellaille P. O.	Other Contributory Causes of importance:
(State or country)	messles 3-13-20
13. NAME John Weller Rolle	
13. NAME John Weller Kolle 14. BIRTHPLACE (city or town). Washingtorille	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maryaret Virginia Hurgers 2	23. If deeth wes due to axternal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Margaret Virginia Sturgers 2 16. BIRTHPLACE (city or town) Prince Year City (State or country)	Accident, suicida, or homicide?Oate of injury19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT John Willer Rolle (Address) mitchellville P. O.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa D. J. Lundy Oate Man 2.3 , 198 /	Nature of injury
19. UNDERTAKER Clarence Torence 2	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO March 21., 1927 J & Ran eur Borgon	(Signad) Thomas String M.D. (Address) Bourie

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
KI KEMI V. S.	- 31		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	Prince Ge	orge's	County		231
Village or Cit	y Colmar	Manor M		ND	St., Ward
Length of reside	ence in city or town where	deeth occurred		death occurred in a hospital or institution, give its NAME instead	
2. FULL NAM	Ruth E	llen Ku	rtz	If U. S. Veteran, specify WAR	
(a) Residence	Colman	Lanor	Md.	St Ward.	
(a) Nesidelici	e. No.	(Usual place		If nonresident give city	or Iown and State
PERSONA	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF E	EATH
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORCE MAI'I	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 30 (Da Month)	, 193. 7
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced John Kur	tz		22. I HEREBY CERTIFY, That Watel 30, 1937, to	i attended deceased from
6. DATE OF BIRTH (n	nonth, day, and year)	early 5, 1	915.	I last saw h A alive on March 30	, 19 , 19
7. AGE Years	Months O	Days 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at #1:30 A.m. The PRINCIPAL CAUSE OF DEATH and ralated causas of Impurers as follows:	ortance
8. Trade, profess kind of wo SAWYER.	olon, or particular ork dona, as SPINNER, BOOKKEEPER, etc	at home		were as follows:	Date of oneset 3/30/3:
9. Industry or be	usiness in which done, as SILK MILL, , BANK, etc	Housew	ife		
	lest worked at ation (month and	SD	time (yaars) ent in this cupation		
12. BfRTHPLACE (city (State or count			~~~~~	Other Contributory Causes of Importance:	3/30/3
13. NAME	Samuel	Hardest	er		
13. NAME	(city or town)	Ohio		Name of operation	Date of
(Steta of C	ountry)			What test confirmed diagnosis? W	11.
15. MAIDEN NAM	# 757 P. C. F. P. C.		r	23. If death was due to externel causes (VIOLENCE) fill in also	the following:
15. MAIDEN NAM	(city or town)	h io		Accident, suicide, or homicide? Date of In Whare did Injury occur?	ijury, 19
17. INFORMANT (Addrass)	John Ku Colmar ^M a	rtz nor Md.		Whare did Injury occur?(Specify city or town, co Specify whether Injury occurred In INDUSTRY, In HOME, or In	unty and State) PUBLIC PLACE.
18. BURIAL, CREMATION Place UT	on, or removal bana hio	Date Mar	ch 31, 19 37	Manner of Injury	
f9. UNDERTAKER (Address)		's Sons ttsvill		24. Wes diseasa or injury in any way related to occupation of d	A :
20. FILED Mar	3.1., 193.7	Helen	Stack O Registrar.	(Signad) W. Olling Sur	Hille M.D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 9 1931	July 5, 1927	Peritonitis	3 days ago
THE PROPERTY OF THE PARTY OF TH			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	7000h	PORF	Tain Tain	11)
County PRINCE GE	1	THIN CORPORT	Registration Dist, No. 22 14 5	
Village or City HYATTS V. I		. (1	NOSt., f death occurred in a horpital or institution, give its NAME instead of street and num sds. How long In U.S. if of foreign birth?mosmos	Ward ber) ds.
2. FULL NAME MARIETT	A LIAN	HARDT	If U. S. Veteran, specify WAR	
	TTSVI (Usual place	LLE	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE FEMALE WHITE	5. SINGLE, MAR OR DIVORCE S J /2 (RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March (Month) (Day)	93.7
5a. If married, widowed, or divorced HUSBAND of				(Teal)
(or) WIFE of			22. I HEREBY CERTIFY, Thet I attended dac Acc 4, 1936, to Mar. 12	
C DATE OF SIDTY (me 23, 1	935	last saw h aliva on	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at 7:12 4.m.	aatii is said
1 8	17	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:	ate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,	none			2/4/3
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	none		(Leukemia)	
10. Data deceased last worked at this occupation (month and year)	11. Totel (time (years) entin this upation		
12. BIRTHPLACE (city or town) Wash. (State or country)			Dthar Contributory Causes of Importanca: None	
13. NAME CHAS G. L	ANHARD	T		
13. NAME CHAS CR. LA 14. BIRTHPLACE (city or town) (Stata or country)	theville,	md.	Neme of operation None Date of	nev?
15. MAIDEN NAME 3 A 154 1-1.	CARTE	R.	23. If death was due to external causes (VIOLENCE) fill In also the following:	pay
15. MAIDEN NAME DAISY 1-1. 16. BIRTHPLACE (city or town) Killy (State or country)	mock	, va:	Accident, suicide, or homicide? Dete of Injury	., 19
17. INFORMANT North	000	~ }	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	-
18. BURIAL, CREMATION, ON REMOVAL Placa P. T. LUIV CO. S.M. 773.	d Date me	h 15-, 19 37	Menner of Injury	
19. UNDERTAKER 5. as (Address) The aus	che &	Some	24. Was diseasa or injury in any way related to occupation of decaased?	2-
20. FILEM Masch 14, 4037 M	ns la	D. Selve.	(Signed) (Michael V. Wattingly (Address) 4707 Command Mill Wass	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.		(4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLANLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03187
1. PLACE OF DEATH	(181)
county Prince Georges	Registration Dist. No. 438
Village or City allentown	No. St., Ward
Length of residence In city or town where daath occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry Franklin	manages Weteran, specify WAR
(a) Residence: No. Ollentown	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5e. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 20 1855	1 last saw h. Amalive on 1934, to march 1937; death is said
7. AGE Yaars Months Days If LESS then	to heve occurred on the date steted ebove, et 730 am.
8 6 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end raletad causas of Importance were as follows:
8 Trade profession or particular	Cardio vasculor renal
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	disease
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oats daceased last workad at this occupation (month and 1934 occupation year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) maryland	
13. NAME Henry Freighlim morder	
13. NAME Hony Freighten morder 14. BIRTHPLACE (city or town) Many long of the constant of the	Name of operation
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Levora (Teles) 16. BIRTHPLACE (city or town)	23. If daath was dua to axternel causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town) (Stete or country)	Accident, suicida, or homicide?
17. INFORMAN Dais Ilbrence Ellenmard	Where did injury occur? (Specify city or town, county and State) 2 Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) allentoun had.	
Place Opon Hill, Md. Data 3/24, 1937.	Menner of injury
19 UNDERTAKE Thomas F. Murrayo Son	24. Wes disease or injury In any wey related to occupation of deceased?
(Address) Washington, D. C.	If so, spacify
20. FILED 0/v1/07, 19 Day 71 - Irvenu Registrar.	(Signed) agreed M. D. (Address) + westully wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of one of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WISPAU V. S.	1 0		
Other contributory causes of importance:	1)107	Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	13188
0	164)
County Mill Menges	Registration Dist. No. \vee 3/
Village or City Colonson Channer	No. 100 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredayrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lanard Gnarks	
(a) Residence: No. 100 - College Comments	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE OR DIVORCED (white the war as a lift married, widowed, or disporced)	
HUSBAND of Core Wife of Charles Market	22. I HEREBY CERTIFY, That I attended deceased from
Locality Brilly	, 19, to, 19
. DATE OF BIRTH (month, day, and year) Cag, 31, 189	7 last saw h elive on
AGE Years Months Days II LESS	2 A A
300 1 day,	To more deserted on the date stated above, at
l e Toute and in the line of t	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Fruck Driv	gas possoning
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	no Sucide
10. Date deceased last worked et this occupation (month and year)	130
2. BIRTHPLACE (city or town) - Missach , J. C.	Dther Contributory Causes of Importance:
(Stete or country)	- CONTRACTOR CONTRACTO
13. NAME John J. Marks	
14. BIRTHPLACE (city or town) Lemma, Ja,	Name of operation Date of
(State or country)	
15. MAIDEN NAME Mining of Tage	What test confirmed diagnosis? Was there an autopsy?
a de la companya del la companya de	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Davilly Canons (Vol	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Le . C. Shaffm.	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 774'7" A. A. EN-Cit.	TAGE.
B. BURIAL, CREMATION OR REMOVAL	Manage of Jaluny
Place Washington, Do Date man 21, 1	92 Nature of injury
	Nature of injury
9 4	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SANCERU V. S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		

PHYSICIANS should state

of OCCUPA.

N. B.-WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

	SIAIL	OF MAR	YLAND-	CERTIFICATE OF DEATH	2:00
1. PLACE OF	F DEATH		W17 W17	CONTRACTOR TO TO	0130
County	Prival	Benc	22	Registration Dist. No. 2 X	0
Village or C	ity Chronate to	word	md	No. 4/2/ St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of resi	dence in city or town where o	leath occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsme	osds.
2. FULL NA	ME Warren	1	midle	If U. S. Veteran, specify WAR	
(a) Residen	ce: No.			/St Ward.	
		(Usual place o	of abode)	If nonresident give city or town and	State
PERSON	IAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARF	RIED, WIDOWED,	21. DATE OF DEATH Morch (Month) (Day)	, 193. 7. (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended	,,,,,,
6. DATE OF BIRTH	(month, day, and year)	1. 5/29		Houle 18, 1927, to much 29 Hast saw him elive on March 26, 1937	
7. AGE Yea		Days	If LESS than	to have occurred on the dete stated above, et 12:45 P.m.	
8		124	l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
SAWYER, 9. findustry or work was	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etcbusiness in which s done, as SILK MILL, LL, BANK, etc			Brain Tresmon; firela- bly benign a Duration: two or three years. Locations Undetermined a &	
U 10. Date decease	ed last worked at pation (month and	11. Total ti	me (years) t in this pation	Decame ganotic, and died in a counts	102/a
12. BIRTHPLACE (cit (State or cour		tu Ill.		Other Contributory Causes of importance:	3-18-37
13. NAME	m R. Midh	us.		Outopsy not allowed.	
H 14. BIRTHPLACE		1,		Neme of operation	
(State of	country	1.70	,	What test confirmed diagnosis? Was there an a	ulopsy?_244
15. MAIDEN NA 16. BIRTHPLACE (State or	server y fr	The Al	0	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	
17. INFORMANT	Mother 121- Perry &	1. 1.E. Br	rutimos Par	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) AGE,
18. BURIAL, CREMAT	mestin	Date Mar.	3/4 ,1937	Manner of injury	
19. UNDERTAKER (Address)	Harm 1.5	Sadgell	is sold.	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED Ment	30,1007 //	leng the	ly mar	(Signed) WBMoyna	M. D.

(Address) 3202 Pany St. net. Romins If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STRPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03189
1. PLACE OF DEATH	2 2 3
County County County	Registration Dist. No.
Village or City Jay OV	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	
2. FULL NAME Maddle	eton,
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the world)	21. DATE OF DEATH
male corea single	(Month) (Oay) (Yaar)
5e. If merried, widowod, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) March 11, 1937	I last sew h alive on, 19; death is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et 10 m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of enset
SAWYER, BOOKKEEPER, etc.	Gremature orres
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O To. Dale deceased last worked at 11. Total time (years)	
this occupation (month end spent in this year) occupation	
12. BIRTHPLACE (city or town) Taylor	Other Contributory Causes of Importence:
(State or country)	
13. NAME Tromas Middleton	,
13. NAME Tromas Maddelon 14. BIRTHPLACE (city or town) Day Out	Nama of operation Dete of
(Stele of country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME FELON Machael 16. BIRTHPLACE (city or town) Gallant Freen	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Gallast Green	Accident, suicide, or homicide? Oete of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Thomas migdlelon	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Plece Dross Churchpete Mas 1/2193	Manner of injury
1 millo+	Neture of injury
19. UNDERTAKER INDIVAD ON MADELLE (Address)	24. Wes disease or injury in any wey releted to occupation of deceased?
200	If so, specify Signer Critical State Charge
20. FILEO MAN 12, 1937 Ornest M. Darne Registrar.	(Address) A coal tragactrar M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 6 1937	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
THE STATE OF THE S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE

ż

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03191
1. PLACE OF DEATH	- (92°a)
county result	Registration Dist. No. 239
Village or City Dels Class (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Hanry Millbrook	If U. S. Veteran, specify WAR
(a) Residence: No. Residence of abode	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, WARRIED, WIDOWED, OR DIVORCED (Write the word)	21. DATE OF DEATH MULLA (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	The state of the s
(or) WIFE of	22. I HEREBY CERTIFY, That I aftended deceased from
6. DATE OF BIRTH (month, day, end year) au, 21 1860	lest saw h 32 alive on Masch 8 193 2: death Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 1 GMm.
76 3-18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
2 Trade profession or particular	Chime Envoranto Comedina
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mayland (State or country)	Other Contributory Causes of importance:
13. NAME LUEVAN 9, Nell 14. BIRTHPLACE (city or town) Mayland (Stete or country)	Name of operation. Date of
211111111111111	What test confirmed diagnosis? Leaves Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clm Otulitural 16. BIRTHPLACE (city or town) (Stete or couply) Margland	Accident, suicide, or homicide?Date of Injury,19
17. INFORMANT Evered Millbroof 2 (Address)	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place My Helf Jamel Date May. 6 , 19.37.	Manner of injury
19. UNDERTAKER Llege Leagin (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Marl 1987 M. Brashears	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II	
The principal cause of death and roof importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Q 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	W. 1301	1921	Run over by street car	1 week ago
Cerebral hemorrhage	IIV S	July 5,1927	Peritonitis	3 days ago
Parameter and Control of the Control				
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. **NECORD** A PERMANENT WITH UNFADING INK-THIS IS N.B.

BINDING

FOR

RESERVED

N O C

Village or City No. St.; Ward) Personal and statistical particulars Medical certificate of death Morrch 28, 1987 (Month) (Day) (Year)	1 PLACE OF DEATH	STATE OF MARYLAND 192
Village or City NAME (No. , St.; Ward) 2 FULL NAME A COLOR OR BACE STNORE; ARRIED, WIDOWED WIDOWED WINDOWS (World) 16 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year)	County J W C J J CV	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH A COLOR OR BACE STATES, WHOWED WIDOWED WIDOW WIDOWED WIDOW WIDOWED WIDOW WID	Mars 1/13	Registration Dist. No. 240
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH A COLOR OR BACE 5 STANGES, WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED (Month) (Day) (Year)	Village or City (No,	
Final Write the word) 4 COLOR OR BACE 5 STNOLE, WIDOWED WARRIED, WIDOWED WIDOWED (Month) (Day) (Year)	2 FULL NAME Mary Pauline	give its NAME Instead
Final Witte Widowed Words (Month) (Day) (Year)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
117 HERERY & CERTIEV That I attended decreased from	4 MIT WIDOWED Widowel	(Month) (Day) (Year)
6 DATE OF BIRTH	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased fro
(Month) (Day) (Year) that I last saw how alive on March 2 4 198	pine 30, 1852	that I lost court of alive a March 2 4 3
(Month) (Day) (Year) that I Vast saw how alive on March 2 198, 198, and that death occurred on the date stated above, all-Cm.		111 1
SLE 9 1 day, Mrs. The CAUSE OF DEATH # was as follows:	X4 9	1/2.
8 OCCUPATION (a) Trade, prefession, or particular kind of work	8 OCCUPATION (a) Trade, profession, or	
(b) General nature of Industry	(b) Coneral nature of Industry	- Doronary Schools
business, or establishment in toruse Work (Buration) / moe ds.	which emplayed (or emplayor)	(Buration) / moe. ds.
9 BIRTHPLACE (State or country) Music Seo, Co. Md Contributory Cludence Secondary Secondary Secondary Oursides) / vie. 7 mes de	9 BIRTHPLACE (State or country) Minice Seo. Co. Md	Secondary
10 NAME OF William H. Grumm (Signed) John Offorvers M. B.	FATHER William H. Trumm	11/ 8/19 0.11
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER O	11 BIRTHPLACE OF FATHER (State or country) Plunce Seo Co. Ml,	State the Disease Causing Death, or, in Jeaths from Violent
	12 MAIDEN NAME Christiania Summer	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
of Mother (State or country (State or country (Mr. Level Co. W. A.) at place of death	(State or country () Sie Gir Co, Mid.	At place in the of deathyremesds. State,yremesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE Where was disease contracted, If not all placs of dasth?	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	if not all place of death?
(Informant) Stanfort Former or usual recidence	(Informant) The Stanford	
(Address) Broudynne Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3/2/		19 PLACE OF BURIAL OR REMOVAL St. P. T. Much 3/3/
Flied Mac 30-, 1937 Mw. J. A. Smith. 20 UNDERTAKER ADDRESS	so Mo AURIA - I.	20 UNDERTAKER AODRESS
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1	O LOCAL REGISTRAR	Hunt of you Waldy My

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, ctc. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); time and causation), Typhoid fever (never report "Typhoid CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DISEASE for the same disease. pneumonia, Bronchopneumonia ("Pneumonia using always the same accepted Examples: pneumonia"); Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. to determine definitely. birth etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaenia" (inerely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of or miscarriage as "Puenperal "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," State cause for which Never report mere (Recommendations "Atrophy," "Colseptichaemia, "Exhaustion," ACCIDENTAL, ("Con-

tions answered in detail, it will prevent further correspond-ence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

STATE OF MARYLAND—CERTIFICATE OF DEA

031	2)0

1. PLACE OF DEATH		159
county Prince	georges	Registration Dist. No. 242
Village or City Cups Tref	Keiguts	No. 605 Laurence une St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whare de	ath occurradyrsmos	30 74 45. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jufun	if of John H+ Will	buf Yewell If U. S. Veleran, specify WAR
(a) Residence: No. Julys les	(Usual place of abode)	St., Ward. If nonresident give city of town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Uuch Z (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from march 28, 1937, to much 28, 1937
6. DATE OF BIRTH (month, day, and year) W	uch 28.1437	I last saw hair alive on wash 28 ,19.3/; death is said
7. AGE Yaars Months	Days If LESS than 1 day,/- hrs. or 3.0 - min.	to have occurred on the dete stated above, et 7/5_0_P_m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	_	Frem uline Delivery 3.28
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc		letters - g - es tation
10. Date daceased last worked at this occupation (month and yaar)	11. Total tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Caha Tu-	f Hiights my	Other Contributory Causes of importance:
I 13. NAME John Hall	well	
14. BIRTHPLACE (city or town) Va		Name of operation
(State or country)		What test confirmed diagnosis? Money Was there an autopsy?
15. MAIDEN NAME Wildrey	L. Doumayer	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wildrey 16. BIRTHPLACE (city or town) (Stata or country)	ets.ruy	Accident, suicide, or homicide?
17. INFORMANT has funite D (Addrass) Capitol His	on moyer	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bladwaling MIS	Date Mark 30/1937	Manner of Injury
19. UNDERTAKER F. Jacker (Addrass)	Jone &	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDMAN . 2 9/, 1937 Gra	ce elve	(Signed) Leo J. E Marl M.D. (Address) Washington / D.C.
PLES	fully Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:	12.5	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

mother	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN Wather
when	I premature tick occurred.
	27ta

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	1)	1	12	- 0
U	0	Ľ	3	4

1. PLACE OF	DEATH	-		107
County D	rune &	Garyl	,	Registration Dist. No. 242
Village or Cit		mile		Mo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of reside	ence in city or town where d	leeth occurred	yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAM	IE Kober	The	hold	If U. S. Veteran, specify WAR
Walkern	e: No. Banne	GUsuaf place of	abode)	St., Ward. ff nonresident give city or town and State
PERSONA	L AND STATISTI	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRE OR DIVORCED	write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed HUSBAND of	d, or divorced			
(or) WIFE of	-			22. I HEREBY CERTIFY, Thet I ettended deceased from March 7, 1937, to Harch 3, 1937
6. DATE OF BIRTH (m	and the day and the same	201 25	1936	Hasele 1, 193), to 4 and 3, 195) Hast saw have alive on March 2, 1932; deeth is said
7. AGE Years		Deys	If LESS than	to have occurred on the date steted ebove, at _6_39_m.
	- 4	X	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profess	ion, or perticular		ormin.	were as follows: Date of onset
kind of wo	rk done, es SPINNER, BOOKKEEPER, etc			211/8
9. Industry or be	usiness in which			priture of 1/2
SAW MILL	done, es S1LK M1LL, , BANK, etc			,
- 11110 00000	ation (month end		in this A	
yeer)	1//1	- Occupa	ntion	Other Contributory Causes of Importence:
12. BIRTHPLACE (city	- 1 / Labora 1 /	1 longs	21-1-10	o Inpeliage Contagiona linker
(State or count	1) 1110.	Ti kani	rasn.w.	ç. , , , , , , , , , , , , , , , , , , ,
13. NAME 14. BIRTHPLACE (smen	VEVINO	W	
14. BIRTHPLACE	(city or town)	mil		Neme of operation
(State of c	country)	July	. 1 1	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAM	E GALLE	4 Mm	non	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAM	(city or town)	is of		Accident, suicide, or homicide?Date of Injury, 19
E (Stete or		My 1	1	Where did Injury occur?
17. INFORMANT _ (Address)	Datilla	helps	net	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	17/	5 31	Manner of Injury
Place	appear	Date	, 19/	Nature of injury
19. UNDERTAKER (Address)	John J.	Sterre	nt!	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED MON	4 1937 Jus	hus E-W	COST.	(Signed) Fame C Van Mallo M. D. (Address) Bears and D.S. R. H.
			Acgistrar.	(Undited)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PART OF THE PA	الد		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIA	N.
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under Hooten. 7/19/37.		1

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KECOKI	. PHYS	Exact st		
MANENT	XACTLY	lassified.		
IS A PER	stated E	properly o	ertificate.	
FIS	pe	pe	o jo	
-WRITE PLATALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of secuply	TION is very important. See instructions on back of certificate.	
UNFADIN	ipplied. A	terms, so t	instructio	
M.LJ.M	efully su	in plain	ant. See	
LATALY,	ald be car	DEATH	ry import	-
VRITE P	tion shou	VUSE OF	ON is ver	
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d) e

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County__ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of fown where death occurred 3 How long in U. S. if of foralgn birth?_____yrs.____mos.___ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) · male ANTERLE Marries (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of March 13 6. DATE OF BIRTH (month, day, and year) Marc 7. AGE Years If LESS than Months Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.... 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date dacaased last worked at 11. Total tima (years) this occupation (month and spent in this occupation 50 40 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city of town) Name of operation... (Stata or country) What tast confirmed diagnosis?_____ Was there an autopsy?_ MOTHER 15. MAIOEN NAME 23. If death was due to external causas (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?______ Date of injury_______ 19. 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Natura of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, spacify (Addrass) -220 If more blanks are needed, add ess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	19	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10 30	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

d.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	763
- county Prince Leonge	Registration Dist. No. 23 7
Village or City Laurel Mee!	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jetta D Diver	If U. S. Veteran, specify WAR
(a) Residence: No. 1312 Laul ave (Usual place of abode)	Astace Word Weel. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 20, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of C Eslelew deveces.	22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1937, to 3-20, 1937
6. DATE OF BIRTH (month, day, and year) Nov. 4, 1887	I last saw h. 6/2 elive on 3 2 2 1 193 7; death is said
6. DATE OF BIRTH (month, day, and year) 17. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at 6,05 Pm.
110 11 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Date of onset 1920 Date of onset 1920 Date of onset 1920 Date of onset 1920
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and this conception) and the special property of the second less worked at this conception (month and the second less worked at this conception) and the second less worked at this conception (month and the second less worked at this conception) and the second less worked at the second less worked less worked at the second less worked les	
10. Date deceased lest worked at this occupation (month and max 3 spent in this occupation deceased lest worked at this occupation.	
12. BIRTHPLACE (city or town) (Stete or country) **Country** **Count	Other Contributory Causes of importence:
13. NAME James n Water Idaa.	7
13. NAME James M Maticaldon	Name of operation
(State of country)	What test confirmed diegnosis? Was there en autopsy? 210_
15. MAIDEN NAME Clusice Moods.	23. If death wes due to external causes (YIOL ENCE) fill in also the following:
15. MAIDEN NAME Quice Woods.	Accident, suicide, or homicide? Sussesse Date of Injury 3-20, 1937.
State or country) Marykaue	Where did injury occur? Your Faure und (Specify city or town, county and State)
17. INFORMANT C: Edelew Owells (Address) Saurel Just	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of 1-cl Cecus. Date Mar. 23, 193, 7	Manner of injury Jugistion Spral - 75 - 2 gr. 706
19. UNDERTAKER Ridgley Selby	24. Was disease or injury in any way related to occupation of deceased? . W
(Address) Louisel Tred	If so, specify
20. FILED MAN 73 , 187 M. Brashers Registrar.	(Signed)) S Warren M. D. (Address) Table Market M. D.
110000000	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen(eritis	1 year
Market Street Company Company			
		91	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	0		21	8

1. PLACE OF DEATH	<u> </u>
County Py Seva	Registration Dist. No. 240
	No. St., Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sufaint Trucking	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March, 11- ,193.7. (Year)
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
M	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) // ACC, // / / / / / / / / / / / / / / / / /	THE PRINCIPAL CAOSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Still bow;
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Taxandy vince Indianal State or country)	Other Contributory Causes of importance:
13. NAME Therbest A. Pinkoney.	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Pleter & Diggs 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lucy Therapy (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Tilbons Compty Date Mar. 11, 1937.	Manner ol injury
19. UNDERTAKER I Subert Philosopy (acting). (Address) Brandy in find f. 20. FILED Man 11, 1937, Mrs. J. Nothingth.	24. Was disease or injury In any way related to occupation of deceased? If so, specify If W. J. K. Amitte, Local Registry (Signed) Sury If way, Mishing M. o.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The state of the s	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis G 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3	3 days ago
15 4 40.00	Other contributory causes of importance:	
May 1,1923	Gastroenteruus	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

V. S. No.

Langth of residence in city of town where death occurred the state of stered and number) Langth of residence in city of town where death occurred to the state of stered and number) 2. FULL NAME Gatheruse Langth of the state of stered and number) (a) Residence: No. Sacrad Heart (Utal) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE (B) SINGLE, MARRIED, WIDOWED, OR DIVORCED (wright be word) 5.1 married, widowed, or divorced (Gr) WHE of (Gr) WHE o	STATE OF MARYLAND	CERTIFICATE OF DEATH 03198
Village or City		13)
Length of residence in city of town where death occurred. The company of the com	County Orince Tengel	Registration Dist. No.
(a) Residence: No. Security Security St., Ward. Potentially Wash. St., Ward. Personal Machine St., Ward. St., Ward. Personal Machine St., Personal	Village or City M / Systlaville	No. Jana Very House St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Assard Meet (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) S. It married, widowed, or divorced (USAR) GIUSARD S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Assard Meet (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) S. It married, widowed, or divorced (USAR) GIUSARD S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	2. FULL NAME Catherine I Prince	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comits the world 1. DATE OF DEATH (Month) 1. Days 1. HER EBY CERTIFY, That I attended deceased fro (Gr) WIFE of 7. AGE Years Months Days 1. LESS than 1 day, hrs. or min. 8. Trade, profession, or particular SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done; as SIK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done; as SIK MILL, SAWHER, BOKKEPER, etc. 11. Total time (year) pent in his occupation Other Centribatery Causes of importance: (Sale or country) 15. MAIDEN NAME Many College Selection town) (State or country) 15. MAIDEN NAME Many College Selection town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Place W BURIAL, CREMATION, OR REMOVAL PLACE W BURIAL MANY BURIAL CREMATION, OR REM		
ATT OF BIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular 8. Navy R, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individual of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation, or bookkept of worker as Sawyer, Bookkept of Sawyer, Bo		MEDICAL CERTIFICATE OF DEATH
HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day, hrs. 1 day,	female while OR DIVORCED (write the word)	March 9 193 7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. of mind of work done as SPINNER, sawfield of wo	// HUSBAND of	
7. AGE Years Months Days If LESS than 1 day	E DATE OF DIDTH (month day and year)	7: 4
8. Trade, profession, or particular wind of work done, as SPINNER, SAWTER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1934 11. Total time (years) spent in this occupation (month and 1934 11. Total time (years) occupation (month and 1934 13. NAME 13. NAME 14. BRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 15. MAIDEN NAME 16. Branch Salty 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Date 3/1/37, 19. Nature of injury. 19. Nature of injury. 19. Nature of injury.		- 40
8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKEFPER, etc. SAVER, BOOKEFPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME WW. G. Punce 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL (REMATION) OR REMOVAL Place W BURIAL OR REMOVAL Place W BURIAL OR REMOVAL Manner of injury Nature of injury Manner of injury Manner of injury Nature of injury Manner of injury Nature of injury Nature of injury Manner of injury Nature of injury	11	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) Washington DE	8. Trade profession or particular	Date of onset
Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) Washing time Description 13. NAME Www. G. Prince	9 Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	
Other Contributory Causes of importance: (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place W Assuration Date 3/1/37 19. Manue of operation What test confirmed diagnosis? Electromology of the fining and state) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manner of injury Nature of injury		
What test confirmed diagnosis? Accidents was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Washington Total Date 2/1/37, 19 Nature of injury	12. BIRTHPLACE (city or town). Waslington D.6.	The state of the s
What test confirmed diagnosis? Accidents was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Washington Total Date 2/1/37, 19 Nature of injury	13. NAME W/W. 6 Prince	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Washington Res. Date Date	14. BIRTHPLACE (city or town)	Name of operation Date of
(Specify city or town, county and State) 17. INFORMANT (Address) (Address)	15. MAIDEN NAME Mary Eller, Talks	
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Washington Rd. Date 3/1/37, 19 Nature of injury.	16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Washington Date 2/1/37, 19 Nature of injury Nature of injury	17. INFORMANT System Shapenyas	(Specify city or town, county and State)
Place Washington Date 3/1/37 , 19 Nature of injury		Manner of injury
19 UNDERTAKER Harry L She 24. Was disease or injury in a way related to occupation of deceased? Us	Place Washington DG Date 3/1/37 ,19	
(Address) washing ton M. If so, specify	19. UNDERTAKER Harry L Slye (Address) washington L	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/10, 1939 flows hally Mass (Signed) (Signed) (Mallingly Megistrar. (Address) 22 ft R. J. Guff M. 6. Wash. 20. FILED 3/10. 1939 M. 6. Wash. 20. FILED 3/10.		(Address) 22 gt PD Juff 116 Wark De

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1831	July 5,1927	Peritonitis	3 days ago
BURBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Iny al
2 scorge	Registration Dist. No. 21 2
at Pleasan	79 441
	death occurred in a hospital or institution, give its NAME instead of street and number)
in where death ecurred yrs. Donos	ds. How long in U.S. if of foreign birth?yrsmosds.
July S. Viv	The Will
an sea	4 st Comments VIVV
ATISTICAL PARTICULARS	If nonresident give city or town and State
ACE 5. SINGLE, MARRISD, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	Mush 314 mg
20 Dinter	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
0 41 0 / -	, 19, to, 19
an Sup. 28. 36	I last saw h alive on
onths Days If LESS than	to have occurred on the date stated above, atm.
6 2 1 day, 4 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Broncha Vielumous Wash 227
NER, LW Pub	Oroseded by a apply for two or three 1937
L, 1\ \(\)	dans crubat
	no history of contragions diseases
11. Total time (years) spent in this occupation	+ 6
STO Ocean partion	Other Contributory Causes of importance:
ax resound	
D Justina	
marey -	
ely not	Name of operation Date of
y aug.	What test confirmed diagnosis? Was there an autopsy?
don server	23. If death was due to external causes (VIOL ENCE) fill In also the following:
The second	Accident, suicide, or homicide? Date of injury, 19
D Marie	Where did injury occur?(Specify city or town, county and State)
- acoust	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ceosant, MMI	
C. Date Mar . 3 / 1937	Manner of injury
Date X2000 - O. 1, 192.1	Nature of injury
Guarriers Co.	24. Was disease or injury in any way related to occupation of deceased?
1.800. N.C.	If so, specify
Tigel Low	(Signed) M. D.
Defrely Registrar.	(Address) Notest 6 6 min, g. s.
If more blanks are needed, address State Registrar, a	2411 N. Charles Street, Baltimore, Reguesting U.S. No.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 8 1937		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

of DCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03200
County Trisse Seo	Registration Dist. No. 339
Village or City dausel Mul	No. St., Ward
Length of residence in city of town where death occurred	
2. FULL NAME Mondaga Lac	Af D.S. Veteran specify WAR.
(a) Residence: No. 3 [[] [] [] [] [] [] [] [] []	Sterne Nard / Minonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEM 4. COLOR OR RACE OR. DIVORCED (write the word)	21. BATE OF DEATH March 2.5 , 193 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
The state of	July 81 ,1927, 10 mar 25 ,187
6. DATE OF BIRTH (month, eav, and year) 7. AGE Years Months Days If LESS than	I last saw harmalive on 19.3/; death is said
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machinist SAWYER, BOOKKEEPER, etc.	astern Seleson
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation-amonth and this occupation-amonth and	Champy recondition store, layans.
10. Date deceased lest worked at this occupation another than the spent in this occupation and the spent in this occupation.	Ceretial Hounsman
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME alfred Kay	
13. NAME (feel ay 14. BIRTHPLACE only or town) (State of country)	Name of operation Date of
15. MAIDEN NAME Jary 6 Journey	What test confirmed diagnosis?
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Plus Planesset Lace	Where did injury occur?
(Address) & Laurel Mil	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER Louise	24. Was disease or injury in any way related to occupation of deceased?
(Adgress) / Laurel Mill.	If so, specify
20. FILESWW PD 1937 US, Bros wars	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 / See ".	X2-3118
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign blrth?_____yrs.____mos.____ds. (a) Residence: No. St. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.-SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) 5a. II married, widowed, or dinorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WiFE of 1608 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, at 122012 m 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 16 or_____min. Oate of oaset 8. Trade, profession, or particular ATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased jast worked at 11. Total time (years) spect in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsyl MOTHER 15. MAIOEN NAME 23. II death was due to external causes (VIOLENCE) fill in also the Jollowing: Accident, suicide, or homicide?_______ Date of injury_________19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) T. INFORMANT MO Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I VED	}	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
))	

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Or. Sec.	Registration Dist. No. 245
Village or City Ity attrille, Wed.	No. Mobiler James / times, Ward
(If Longth of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) **Muds. How long in U.S. if of foreign birth?yrsmosds,
	grave us. now long in 0, 5, ii or roreign birth?yrsmosds,
Z. FOLL NAME OF CO.	If U.S. Yeteran specify WAR.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH
M. Mr. Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(Or) HIFE OF Thursda Ville	Mav 10 193) 10 Mav 10 19 37
6. DATE OF BIRTH (month, day, and year)	I last sew h. Assirative on Meav 10, 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atSm.
70. 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
N. Trade profession or particular	arterio Sileroses, Oato of onest
SAWYER, BOOKKEEPER, etc.	nujo carditie cliv. ?
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acute Cardian Helitation 3/10/37
10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and 936 spent in this occupation by year)	
m 0. d	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town)	mainiurition
II 13. NAME David Q. Pins	
13. NAME David 1. Ties 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME MORAGEST MILES	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO A QUELT TO LES	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Richard Rich	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Barnaville, ma	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Plece 1 Doy as 111 a pate 11 (as) 13, 193	Natura of injury
19. UNDERTAKER of houst Gardaner	24. Was disease or injury in any way related to occupation of deceased?
(Address) Saithenburg md.	If so, specify
20. FILED March 10, 19.37 Mrs. Jab. Devere	(Signed) Algelia bean Sugarelle Da
Deputy oca Registrar.	(Address) fixedale, led
If more blanks are keeted, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR, DIVORCED (wate the word) (Month) (Day) 5a. If marriad, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onsat 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis?____ لميا Was there an aulopsy? لميا MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?______ Data of injury_____, 19_____, 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? ____. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Natura of injury 24. Was disaasa or injury In any way related to occupation of deceased?___ 19. UNDERTAKER If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage APR 8 1931	July 5,1927	Perilonitis	3 days ago
- 118 THE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 03204
1. PLACE OF DEATH	92:00
County Ture Teer 7	Registration Dist. No. 240
Village or City houndywrie, Tul	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
P1 421 -P1.	200 If U. S. Veteran, specify WAR
	St Ward.
(a) Residence: No. Warring the	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mayrues The service of the	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Amanda Backers	22. I HEREBY CERTIFY, That I attended deceased from 1935, to work 9, 1937
6. DATE OF BIRTH (month, dey, end year) 2/23/5/	1 last saw how elive on warch 8 ,193/; deeth is seid
7. AGE Years Months Deys If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, et
Trade profession or perticular	Withal Regurgetation Ing. 19
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and	
10. Dete deceased lest worked at this occupation (month and year) 11. Total time (years) r spent in this occupation occupation.	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Brandy worn Md	Constitution of the consti
13. NAME / chomas Habinson	
13. NAME / Chomas Habinson 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
# 15. MAIDEN NAME Martha a. Walls	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Martha a Nalls 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Margaret & Carly 1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place AND Dete 3/12, 193/	Menner of Injury
19. UNDERTAKER / Jichie Brothers (Address) Juhur muselloro, Sund	24. Was disease or injury In eny way releted to occupetion of deceesed?
20. FILED Mar 11-, 1937: Mrs. J. K. Spirite. Registrar.	(Signed) Lotento Wowers and M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	~ Propr
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interestified positivities	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03205
1. PLACE OF DEATH	(9)10
county Pr. Lio Co	Registration Dist. No. 243
Village or City Bowil Md	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME OS OCOMON ROSS	
(a) Residence: No. Bowel md	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH
male colored or DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 7/1/2 P.M. Page 11 12 12 12 12 12 12 12 12 12 12 12 12	22. I HEREBY CERTIFY, That I attended deceased from
(01) WIFE OF Mary Locuse 1022.	3-4 1937 10 3-4 1937
6. DATE OF BIRTH (month, day, and year) Upr. 6 18 1/	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data steted above, at
00 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Heart Juline Generally
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this occupation (months and	Oldage
SAW MILL, BANK, atc	Primary Cause of the heart failure : coro-
O 10. Date deceased lest worked at this occupation (month and year) year)	mary thrombolis's Duration: immediate thathe.
12. BIRTHPLACE (city or town) PA: You Co	Other Contributory Causes of Importence: Centfox
# 13. NAME Solomon Russe.	
14. BIRTHPLACE (city or town) January Company	Name of operation Oata of
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME weknowy,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Comp / Mwv	Accident, suicide, or homicide?, 19, 19
(State or country) 17. INFORMANT May 6, James	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
Place remarks, or REMOVAL Date March 91937	Manner of Injury
19. UNOERTAKER Colarence Forecere (Address) mit enelleville nich	24. Was disaase or injury In any way related to occupation of deceased?
20. FILEO Wal 8, 19 37 7 6 Kaneur by	(Signed) James H Mult M. O. (Address) Glenn Dule M.O.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i)	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I C. L. C. IVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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* 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. RD. Every item of infor-H UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING ALY, A N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03207
1. PLACE OF DEATH	(25-6)
County / runce / Seorges	Registration Disty No. 2 31
Village or City 12 acles sheer g	No. Told street of Word
Locate of moldons in the second secon	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME Howard Sn	ull
(a) Residence: No.	St.,Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH March 22, 193 (Month) (Day) (Year)
5a. If married, widowed, or divoyced HUSBAND of	
(or) WIFE of Deetha Smith (dec)	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day) and year) 1882	10 10 10 10 10 10 10 10 10 10 10 10 10 1
6. DATE OF BIRTH (month, day) and year) 7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 6:45 P.m.
5 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	west as follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mosts (
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation).	(acute)
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation month and year)	
15 or 16 mily below Richard	Other Contributory Canses of Importance;
12. BtRTHPLACE (city or town) (State or country)	Merio - Jelaron 1
W 13. NAME	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an au'opsy?
The second secon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Mark of the	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAE, OREMATION, OB, REMOVAL	Manner of injury
Place Washington Do Sate man 22 1937	Nature of injury
19. UNDERTAKER N. Ernest January (Address) 1432-4-1-1	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar 22, 193 7 Heley Hack	(Signed) M.D.
If more blanks are needed, address State Registration	(Address) Prestigned Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. 240 If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceased from Date of onset Was there an autopsyl (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage R 6 10 7	July 5,1927	Peritonitis	3 days ago
. BUREAU V. S.			
Other contributory causes of importance:	Maile II	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	03209
01711	01	WITH EATH OF THE OF DEATH	

1. PLACE OF DEATH	® 2.73
County Muce Jeorge's	Registration Dist. No. 23 2
Village or City To foot town where death occurred yrs.	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number) 3. ds. How long in U.S. If of foreign birth?
2. FULL NAME	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 193 7 (Month) (Day) (Year)
a. If married, widowed, or divorced	(Month) (Day) (1881)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased fro
1. 10 14	, 19, to, 19
DATE OF BIRTH (month, day, and yeer) May - 2, 1937	i last saw h; daath is sa
AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A. Out of the same
SAWYER, BOOKKEEPER, etc	as physician in allendance
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc J. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Data deceased lest worked at this securation (month and senent in this	ld Q: 11
SAW MILL, BANK, etc	All ouch
this occupation (month and spent in this year) occupation	
	Other Contributory Causes of importance:
(State or country)	
13. NAME POLICE LES TAPLES	
14. BIRTHPLACE (city or town).	Name of operation
- Manufaction	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Will Weather Fellica	23. if death was dua to axternel causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME the Weather Fellica 16. BIRTHPLACE (city or town) When walls	Accident, suicide, or homicide?
17. INFORMANT ASSOCIATION ASSO	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Offen Regarloon De	<u> </u>
8. BURIAL, CREMATION, OR PREMOVAL RED See West 3, 193	Mannar of Injury
Miles Sell	24. Was disease or injury in any way related to ecupation of deceased?
19. UNDERTAKER (Addrass)	
No 77	(Signad) Caron the Freal begge
20. FILED March 2190 / Con James	(SIRING) TO THE WAY OF THE PARTY OF THE PART

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

V. S. No. 1

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Example 1	EINELLI	Example II	
The principal cause of death and r of importance were as follows: Arteriosclerosis	elated causes Date of onset	The principal cause of death and related causes of importance were as follows:	
	DEAU V. 5 1921	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
	The second second		
Other contributes of			
Other contributory causes of impor	tance:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE O

11	">	3		
U	0	4	1	U

1. PLACE OF DEATH	000
County Prince Leonges	Registration Dist. No. 242
Village or City Seat Pleasant	·
mage of one	NoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	osds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME HANNAH LOBETTA SOLLE	- PS If U. S. Veteran, specify WAR
(a) Residence: No. 108-121 11. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Ahte 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If married, widowed, or divorced	(1001)
(or) WIFE of James of Sollers.	22. I HEREBY CERTIFY, Thet I attanded dacassed from 1937, to Tende 16, 1937
6. DATE OF BIRTH (month, day, end year) Guly 16 3/1882	I hast saw h aliva on
7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, et 0.50 P.m.
54 P 0 1 day,hrs	THE RESERVE CAOSE OF BEATH and Islated Causes of Importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Jousewife SAWYER, BOOKKEEPER, etc.	Carren of Amusch about
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at his occupation (month and	de de liver les
SAW MILL, BANK, etc.	Primary Cansar of lines & Curlett 1736
O 10. Date daceased last worked at this occupation (month and yaar) spant in this occupation.	Duration! Al months
2/	Other Coatributary Causes of importance:
12. BIRTHPLACE (city or town)	
	- marc
13. NAME Eduard Theodore Thornburg	
13. NAME during Theodore Thornburg 14. BIRTHPLACE (city or town) I frage to the standard of the standard	Name of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Emos aldelpha Steiger 16. BIRTHPLACE (city or town). Mero York (State or country)	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) - New York	Accidant, suicida, or homicide?Date of Injury19
State or country)	Where did injury occur?
ma Nel 9 tr. let	(Specify city or town, county and State)
17. INFORMANT Seaf Pleasant Md	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Seat Greasant, M.q.	
Place addrson Chife Date March 199 31	Menner of Injury
19. UNDERTAKER A.M. Chambers Co. (Addrass) 517-114 H. S.E. Hack R. C.	24. Was disaase or injury In any way related to occupation of decaased?
20. FILED MAR 18, 1937 John & Ineall	(Signed) 3m Brady M.D.
Registrar.	(Address) Deat Pleasan mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PR 8 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:	1111222111	Other contributory causes of importance:	- :
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-INFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- R2-01
county Prince Sero Co.	Registration Dist. No. 2 42
Village or City Calculat Negate ma	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Etta Sulliva	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	' St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The state of	21. DATE OF DEATH 30 ,1937 (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Comelius James Sullivan	22. HEREBY CERTIFY, Thet ettended deceesed from OCC 8 ,1936, to march 30 ,1937
6. DATE OF BIRTH (month, day, and year) Sebt 16 1871	i last saw h. en elive on march 30 , 1937; deeth is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the date statad ebove, et 2.00 Pm.
65 6 14 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month end	Cerebral hemorrhage 3/30/37
9. Industry or business in which work was dona, es SILK MILL,	
SAW MILL, BANK, etc	arterior Chlerosis 12/8/36
this occupetion (month end spent in this 3 0 occupetion 3 0	
10 DIDTIDI ACE (-ib A)	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town). (Stete or country)	
# 13. NAME Joseph (Ke sners	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete or country) manyland.	What test confirmed diagnosis? None Wes there an autopsy? No
15. MAIDEN NAME Carrie ann Matthews	23. If deeth wes due to externel causes (VIOLENCE) fill in eiso the following:
15. MAIDEN NAME Carrie and matthews 16. BIRTHPLACE (city or town) 700 and 100 at the second s	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Maryland,	Where did injury occur?
17. INFORMANT Mrs. Foabelle Matthew Stand	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Hash . O. C. Oate / prod. 20 1031.	Neture of injury
19. UNDERTAKER HM. Chamber Co.	24. Wes diseese or injury in eny wey releted to occupation of deceased?
(Address) 317-11 & M. S.E. Hack De	If so, spacify
20 FILE March 30, 1937 Grace alow	(Signed) W. Suy Ouchu M. D.
he epilly Registrar.	(Address) Och Benning Sta D.C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3. 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			.,

137)	_
Registration Dist. No. 24	42
100 Megistration bist. No. 2	101
No flena de Arduo R. ath offered in a hospital or institution, give its NAME instead of street and	Ward
ds. How long in U.S. If of foreign birth?yrs	
y	1103
OSULIF U. S. Veteran, specify WAR	
201, Ward.	
If nonresident give city or town ar	id State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
march 25	, 193
(Month) (Day)	(Year)
22. I HEREBY CERTIFY, That I attende	d deceased from
March 21 ,1937, 10 March 2	
	; death is said
to have occurred on the date stated ebove, at 9:05 Am.	
The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onsat
Chronic Interstitial	1935
Velphritis	
Other Contributory Causes of Importance:	
Appostatic promon	- march
That.	1987
	<u>'</u>
Name of operation Date of	
uniale s:	9.6
23. If death was due to external causes (VIOLENCE) fill in also the follow	ng:
Accident, suicide, or homicide? Date of Injury	, 19
Where did Injury occur?	
Specify city or town, county and S Specify whether injury occurred In IND STRY, In HOME, or In PUBLIC	tate) PLACE.
Manner of Injury	
Nature of injury	7
24. Was disease or injury in any way related to occupation of deceased?_	no
If so, specify	
(Signed) Theodore Tinck	Mey M. D.
(Address) 812 - 44 N.E., K	191

WRITE

mation

MOTHER

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

16. BIRTHPLACE (city or town) (State or country)

TION is very important.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Alter toster osts	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 8 1931	July 5,1927	Peritonitis	3 days ago
WINEAU V			
Other contributory causes of importance:	100000	Other contributory causes of importance:	Mary - Title
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to externel couses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 24. Wes disease or injury in any way related to occupation of decaesed?____ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example 1		Example 11	
The principal cause of importance were a	of death and related causes, follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1937	July 5, 1927	Perilonitis	3 days ago
	BURBAU V. S.			
Other contributory ca	ruses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

County

HUSBAND of

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION.

(State or country)

(Stete or country)

13 NAME

17. INFORMANT

3. SEX

7. AGE

OCCUPATION

HER

FAT

MOTHER

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If Jeath occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town whera deeth occurred How long in U. S. if of foreign birth? ______ yrs. ____ mos. ____ ds. If U. S. Veteran, specify WAR, (a) Residence: No. 3 (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month) (Day) 5a. If married, widowed, or divorced 6. DATE OF BIRTH (month, day, and year) Months Deys if LESS then to have occurred on the dete steted above 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence Kara or min. Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 10. Date decaased last worked at 11. Total time (years) this occupation (month end spant in this

occupation_ 14. BIRTHPLACE (city or town Neme of operation. What test confirmed diegnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town Where did injury occur?___ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way releted to occupation of daceasad? if so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	E D II	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APP 7 193	7 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V.	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	K
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1831	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HILIPPEA			3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N

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Example I	The little	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

*	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

RIND	2144	
FOR	ATO	
スロススロスコン	THE PART OF A	
MARCIN	TTO ATTTT	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 03217
1. PLACE OF DEATH	<u> </u>
County / 2 11 es	Registration Dist. No. 240.
Village or City Cleuton	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
n. T	
2. FULL NAME // Wiers	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sysex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mok 9 5 193 7 (Year)
a. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Months Days If LESS than 1 day,hrs. 0 ormin,	I last saw h alive on, 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Polity bary. Preniatuur Birth
(State or equitry) 13. NAME Thomas Wenters	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) to make the country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Name Name free for town) 16. BIRTHPLACE (city or town). Phot to your (State or country) 17. INFORMANT. Norman Name Name (Address) 18. MAIDEN NAME Name free for the state of the stat	23. II death was due to external causes (VIOLENCE) fill in also the Iollowing: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury
19. UNDERTAKER (Address) 20. FILED May 11., 1937 Mrs. J. T. Syritte Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify M. D. (Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitiol nephritis 1921 Run over by street car 1 week ago Cerebral hemorthage July 5.1927 Peritonitis 3 days ago WIIDEAII V & Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

classified.

certificate. properly

of

See instructions on back

(Address)

PATIDN

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PL

m ż

V. S. No. 1

OCCUPA-

Jo

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0.3218
County Village Dr City Tandal Structure	Registration Dist. No. 240.
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. If U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. NEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mch 10 (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys if LESS than 1 dey,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this corpusation (month and this corpusation (month and this spent in	22. I HEREBY CERTIFY. Thet I attended deceased from MCM 9, 1937, to McM 9, 1937. I last saw h.es. alive on MCM 9, 1937.; death is seid to heve occurred on the dete stated above, at 6402m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: Date of one of MCM 1, 1937.
SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month end 1931 11. Total time (yeers) spent in this occupation occupation 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. Plala 13. State or Equator 14. State or Equator 15. State or Equator 16. State or Equator 1	Dther Contributory Causes of importance:
13. NAME In Turner Jackson 14. BIRTYP(ACE (city or town) ha Plula (Stete or country) Clas Cy 2nd	Neme of operetion. Dete of
15. MAIDEN NAME Mary am and Duckett 16. BIRTHPLACE (city or town) John Lough Company 17. INFORMANT Jumas Winder	23. If deeth wes due to external causes (VIOLENCE) filt in elso the following: Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury Nature of injury

If so, specify

(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 0 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year